

# Arizona Administrative REGISTER

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~ Administrative Register Contents ~

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# From the Publisher

## ABOUT THIS PUBLICATION

The paper copy of the *Administrative Register* (A.A.R.) is the official publication for rules and rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The Office of the Secretary of State does not interpret or enforce rules published in the *Arizona Administrative Register* or *Code*. Questions should be directed to the state agency responsible for the promulgation of the rule as provided in its published filing.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains the full text of the Governor's Executive Orders and Proclamations of general applicability, summaries of Attorney General opinions, notices of rules terminated by the agency, and the Governor's appointments of state officials and members of state boards and commissions.

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rules activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA.

Rulemakings initiated under the APA as effective on and after January 1, 1995, include the full text of the rule in the *Register*. New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

## WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The printed *Code* is the official publication of a rule in the A.A.C. is prima facie evidence of the making, amendment, or repeal of that rule as provided by A.R.S. § 41-1012. Paper copies of rules are available by full Chapter or by subscription. The *Code* is posted online for free.

## LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a copy.

# Arizona Administrative REGISTER

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**ADMINISTRATIVE CODE**  
A price list for the *Arizona Administrative Code* is available online. You may also request a paper price list by mail. To purchase a paper Chapter, contact us at (602) 364-3223.

**PUBLICATION DEADLINES**  
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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# Participate in the Process

## Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

## Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

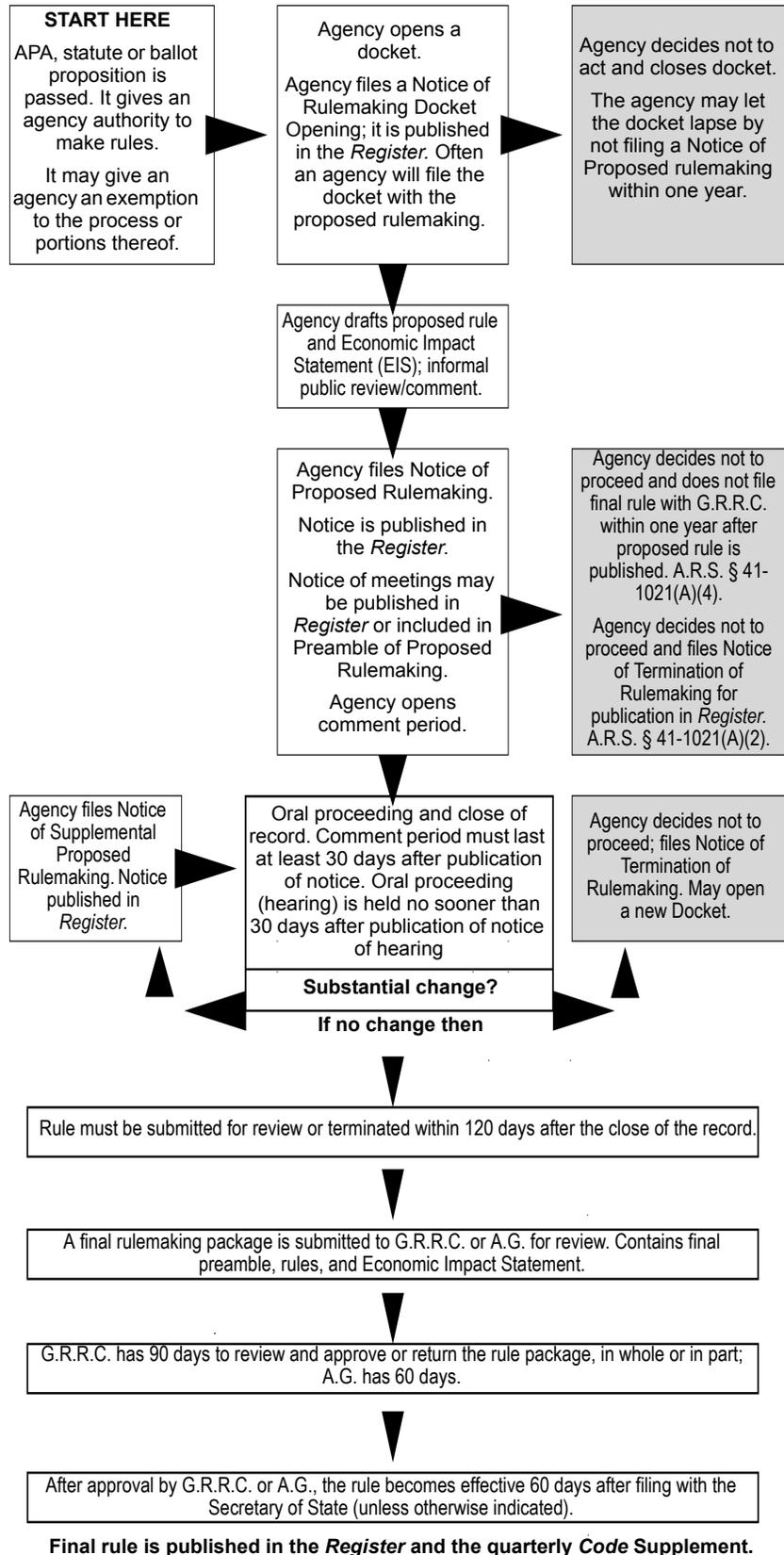
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

# Arizona Regular Rulemaking Process



## Definitions

**Arizona Administrative Code (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at [www.azsos.gov](http://www.azsos.gov).

**Arizona Administrative Register (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at [www.azsos.gov](http://www.azsos.gov).

**Administrative Procedure Act (APA):** A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at [www.azleg.gov](http://www.azleg.gov).

**Arizona Revised Statutes (A.R.S.):** The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at [www.azleg.gov](http://www.azleg.gov).

**Chapter:** A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

**Close of Record:** The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

**Code of Federal Regulations (CFR):** The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

**Docket:** A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

**Economic, Small Business, and Consumer Impact Statement (EIS):** The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

**Governor's Regulatory Review (G.R.R.C.):** Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

**Incorporated by Reference:** An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

**Federal Register (FR):** The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

**Session Laws or "Laws":** When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.," and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at [www.azleg.gov](http://www.azleg.gov).

**United States Code (U.S.C.):** The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

## Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

## About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.



**NOTICES OF PROPOSED RULEMAKING**

This section of the *Arizona Administrative Register* contains Notices of Proposed Rulemakings.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

**NOTICE OF PROPOSED RULEMAKING  
TITLE 6. ECONOMIC SECURITY  
CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY  
DEVELOPMENTAL DISABILITIES**

[R17-90]

**PREAMBLE**

- |  |                                 |
|--|---------------------------------|
| <b>1. <u>Article, Part or Section Affected (as applicable)</u></b> | <b><u>Rulemaking Action</u></b> |
| R6-6-1801  | Repeal                          |
| R6-6-1801  | New Section                     |
| R6-6-1802  | Repeal                          |
| R6-6-1802  | New Section                     |
| R6-6-1803  | Repeal                          |
| R6-6-1803  | New Section                     |
| R6-6-1804  | Repeal                          |
| R6-6-1804  | New Section                     |
| R6-6-1805  | Repeal                          |
| R6-6-1805  | New Section                     |
| R6-6-1806  | New Section                     |
| R6-6-1807  | New Section                     |
| R6-6-1808  | New Section                     |
| R6-6-1809  | New Section                     |
| R6-6-1810  | New Section                     |
| R6-6-1811  | New Section                     |
| R6-6-1812  | New Section                     |
| R6-6-1813  | New Section                     |
| R6-6-1814  | New Section                     |
- 2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. §§ 36-554 and 41-1954(A)(3)  
 Implementing statute: A.R.S. § 36-563(C)
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rulemaking:**  
 Notice of Rulemaking Docket Opening: 22 A.A.R. 2085, August 12, 2016
- 4. The agency’s contact person who can answer questions about the rulemaking:**  
 Name: Anthony J. Hill  
 Address: Department of Economic Security  
 P.O. Box 6123, Mail Drop 1292  
 Phoenix, AZ 85005  
 or  
 Department of Economic Security  
 1789 W. Jefferson, Mail Drop 1292  
 Phoenix, AZ 85007  
 Telephone: (602) 542-6555  
 Fax: (602) 542-6000



E-mail: ahill3@azdes.gov

**5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**

Article 18 contains rules on Administrative Review that provide a method for review of Department decisions including Right to Review; Notice; General Procedures; Procedures for Grievances Related to Licenses; Procedures for Grievances by the Division of Developmental Disabilities/Arizona Long Term Care System (DD/ALTCS) members and ALTCS Service Providers; and Appeals and Hearings. The purpose of this rulemaking is to add, amend, and repeal rules to conform to current practice and terminology, and to make the rules more clear, concise, and understandable. The Department last amended this Article in 1993. A Five-year Review Report on Chapter 6 was approved by the Governor's Regulatory Review Council on December 1, 2015.

- The Department is adding a new Definitions Section to help in understanding the terms used within the Article.
- The Department is adding a new Applicability Section to specify the applicability of the Article.
- The Department is repealing the General Procedures Section because the Department is revising and moving these provisions to other sections within this Article for clarity and to conform to current practice.
- The Department is repealing the Procedures for Grievances Related to Licenses Section because actions taken on a license can be appealed under A.A.C. Title 6, Chapter 6, Article 22, which is directly referenced in the licensing articles (A.A.C. Title 6, Chapter 6, Articles 10 and 11).
- The Department is adding a Computation of Time section to define time-frames for how time limits are calculated.
- The Department is repealing Procedures for Grievances by DD/ALTCS Clients and ALTCS Service Providers Section because Department procedures do not belong in rule and grievances for DD/ALTCS clients and service providers are addressed in the rule for the Arizona Health Care Cost Containment System's grievance system (A.A.C. Title 9, Chapter 34).
- The Department is repealing the existing Appeals and Hearings Section and adding a new Appeals and Hearings Section to make the rule more clear, concise, and understandable.
- The Department is adding the following additional new Sections to provide more comprehensive information relevant to current requirements: Filing a Request for Administrative Review, Contents of a Request for Administrative Review, Denial of a Request for Administrative Review, Time-frame for Completing Administrative Review, Content of an Administrative Decision, Initial Determination of Ineligibility, Continuation of Services During the Administrative Review Process, and Continuation of Home and Community-based Services (HCBS) Certificates during the Administrative Review Process.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study relevant to the rules.

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The economic impact of the rulemaking is expected to be minimal (less than \$1,000) for all persons involved in the rulemaking and application processes.

Consumers: The persons directly impacted by this rulemaking are individuals who are applicants to the Division of Developmental Disabilities (Division), Division members, and other responsible persons who voluntarily seek services through the Division. The rulemaking does not impose any obligation on the individual or responsible person to accept or participate in services without informed consent. Consumers who apply to the Division will benefit from clear and updated information on administrative reviews.

Small Business: There are no negative impacts on small businesses as a result of this rulemaking.

The Department and members of the public will benefit from the revision of Article 18 because the proposed rulemaking will make the filing procedures for an administrative review more clear, concise, and understandable.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Anthony J. Hill  
 Address: Department of Economic Security  
 P.O. Box 6123, Mail Drop 1292  
 Phoenix, AZ 85005  
 or  
 Department of Economic Security  
 1789 W. Jefferson St., Mail Drop 1292  
 Phoenix, AZ 85007  
 Telephone: (602) 542-6555  
 Fax: (602) 542-6000  
 E-mail: ahill3@azdes.gov



**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

The Department does not plan to conduct an oral proceeding on the proposed rules unless a written request for an oral proceeding is submitted to the person named in item 4 within 30 days after this notice is published. The Department will accept written public comments on the proposed rules for 30 days after this notice is published.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

No other matters are prescribed.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
This rule does not require a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**  
Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule’s impact on the competitiveness of business in this state to the impact on business in other states:**  
No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**  
None

**13. The full text of the rules follows:**

**TITLE 6. ECONOMIC SECURITY  
CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY  
DEVELOPMENTAL DISABILITIES**

**ARTICLE 18. ADMINISTRATIVE REVIEW**

Section

- R6-6-1801. Right to Review: Notice Definitions
- R6-6-1802. General Procedures Applicability
- R6-6-1803. Procedures for Grievances Related to Licenses Computation of Time
- R6-6-1804. Procedures for Grievances by DD/ALTCS Clients and ALTCS Service Providers Notice
- R6-6-1805. Appeals and Hearings Who May File a Request for Administrative Review
- R6-6-1806. Renumbered Filing a Request for Administrative Review
- R6-6-1807. Contents of a Request for Administrative Review
- R6-6-1808. Denial of a Request for Administrative Review
- R6-6-1809. Time-frame for Completing Administrative Review
- R6-6-1810. Content of an Administrative Decision
- R6-6-1811. Initial Determination of Ineligibility
- R6-6-1812. Continuation of Services During the Administrative Review Process
- R6-6-1813. Continuation of Home and Community-based Services (HCBS) Certificates during the Administrative Review Process
- R6-6-1814. Appeals and Hearings

**ARTICLE 18. ADMINISTRATIVE REVIEW**

**R6-6-1801. Right to Review: Notice Definitions**

- A:** An Administrative Review shall be available to any person aggrieved by a decision of the Department. An Administrative Review is preliminary to those rights set forth in R6-6-2201 et seq.
- B:** The Department shall give written notice to persons served directly or indirectly by the Department informing them of the right to an Administrative Review in any decisions by a District Program Manager relating to:
  - 1. Eligibility, admission, placement evaluation, and assignment to services.
  - 2. Care and treatment, transfer or substantial change in service.
  - 3. Termination of, or discharge from, a service
  - 4. Fee for service.
- C:** Grievances related to decisions by the program contractor for licenses or involving DD/ALTCS clients and ALTCS service providers are separately addressed in R6-6-1803 and R6-6-1804 respectively.
- D:** Written notice shall be in English and, when appropriate and reasonably possible to do so, in the primary language of the grievant. When the primary language is not a written language, such notice shall be provided in the language spoken or mode of communication used by the grievant.

In addition to the definitions in Article 1 of this Chapter, the following definitions apply to this Article:

- 1. “Action” means:
  - a. Denial or termination of eligibility for Division services;
  - b. The imposition of or increase in financial contribution to cost of services determined under Article 12 of this Chapter;



- c. The denial or limited authorization of a requested service solely funded by state dollars including the type or level of service;
- d. The reduction or termination of a previously authorized service solely funded by state dollars; or
- e. The denial, suspension, or revocation of a Home and Community-based Services (HCBS) certificate under Article 15 of this Chapter.
- 2. “Administrative Decision” means the Division’s written decision resulting from an Administrative Review.
- 3. “Appeal” means a request for a hearing pursuant to Article 22 under this Chapter to adjudicate the Division’s Administrative Decision or proceeding pursuant to R6-6-1809(B)(1).
- 4. “Applicant” means an adult, guardian of an adult, or a parent or guardian of a minor, who has applied for eligibility for Division services.
- 5. “Day” means calendar day unless otherwise specified.
- 6. “Department” means the Arizona Department of Economic Security.
- 7. “Division” means the Division of Developmental Disabilities within the Department.
- 8. “HCBS” and “Home and Community-based Services” mean the same as in R6-6-1501.
- 9. “Member” means an individual enrolled with the Division.
- 10. “Representative” means an individual authorized in writing by the Requestor to represent the Requestor during the Administrative Review process.
- 11. “Requestor” means an Applicant, Member, other Responsible Person, or Home and Community-based Services (HCBS) certificate applicant or holder affected by an Action.
- 12. “Responsible Person” means the same as in A.R.S. § 36-551.
- 13. “Working Day” means a Monday, Tuesday, Wednesday, Thursday, or Friday unless:
  - a. A legal state holiday falls on that Monday, Tuesday, Wednesday, Thursday, or Friday; or
  - b. A legal state holiday falls on Saturday or Sunday and the Division is closed for business on that prior Friday or on that following Monday.

**R6-6-1802. General Procedures Applicability**

These procedures are applicable to all grievances except those listed in R6-6-1801(C).

- 1. ~~A party aggrieved by the decision of a District Program Manager or any member of an Individual Service and Program Plan (ISPP) Team, may, within 35 calendar days of the decision or disagreement, file a written request for an Administrative Review with the Division’s Compliance and Review Unit.~~
- 2. ~~If a District Program Manager takes no action as to the resolution of a disagreement, the grievant may, within 60 calendar days, forward a written request for an Administrative Review to the Division’s Compliance and Review Unit.~~
- 3. ~~The Division’s Compliance and Review Unit shall review the request for an Administrative Review and render a written decision within 30 calendar days of receipt of the request.~~
- 4. ~~While an Administrative Review is pending, there shall be no change in status except in the event of an emergency.~~

This Article establishes an Administrative Review process for a Requestor challenging a Division Action. This Article applies only to:

- 1. Division eligibility;
- 2. Programs and services provided through the Division that are not funded by Medicaid (Title XIX of the Social Security Act);  
and
- 3. Home and Community-based Services (HCBS) certificates pursuant to Arizona Administrative Code, Title 6, Chapter 6, Article 15.

**R6-6-1803. Procedures for Grievances Related to Licenses Computation of Time**

The party aggrieved by a decision of the Department relating to a license may directly appeal the decision as prescribed in R6-6-2201 et seq.

- A.** Computation of time in calendar days begins the day after the act, event, or decision and includes all calendar days and the final day of the period. If the final day is a Saturday or Sunday or a legal state holiday pursuant to A.R.S. § 1-301, the period is extended until the end of the next day that is not a Saturday or Sunday or legal state holiday.
- B.** Computation of time in working days, begins the day after the act, event, or decision and includes all working days.

**R6-6-1804. Procedures for Grievances by DD/ALTCS Clients and ALTCS Service Providers Notice**

- A.** ~~The DD/ALTCS client or ALTCS service provider desiring an Administrative Review shall first attempt to resolve the complaint through informal communication with the appropriate Health Plan representative or the District Program Manager.~~
- B.** ~~If the client or service provider is dissatisfied with the informal decision of the Health Plan or District Program Manager, a written request for an Administrative Review shall be filed with the Division’s Compliance and Review Unit not later than 35 calendar days after the adverse action.~~
- C.** ~~If the Health Plan or District Program Manager takes no action as to the resolution of a disagreement, the grievant may, within 60 calendar days of the adverse action, file a written request for an Administrative Review with the Division’s Compliance and Review Unit.~~
- D.** ~~The Division’s Compliance and Review Unit shall review the written request and render a written decision within the times prescribed under ALTCS (A.A.C. R9-28-802 or R9-28-804).~~
- A.** When taking an Action, the Division shall give written notice to the Applicant, Member, other Responsible Person, Home and Community-based Services (HCBS) certificate applicant or holder subject to the Action, or the person’s representative, if applicable.
- B.** The notice shall include the following:
  - 1. The Action the Division has taken or intends to take;
  - 2. The specific reason for the Action;
  - 3. The effective date of the Action, if applicable;



4. The right to request Administrative Review; and
5. The procedures for requesting Administrative Review.

**R6-6-1805. Appeals and Hearings Who May File a Request for Administrative Review**

An appeal of any Administrative Review decision shall be governed by the procedures set forth in R6-6-2201 et seq. The following persons may request an Administrative Review:

1. A Requestor; or
2. A Representative. If a Representative is acting on behalf of the Member or Applicant, the Representative shall submit a valid Health Information Portability and Accountability Act authorization. The Representative may not charge a fee for the representation unless the Representative is the Member's or Applicant's attorney.

**R6-6-1806. Renumbered Filing a Request for Administrative Review**

- A. A Requestor or Representative shall file a request for Administrative Review with the Division no later than 30 days following the date of the notice.
- B. A Requestor or Representative may request an Administrative Review orally or in writing, including mail, email, fax, and hand-delivered hard copy.
- C. The Division shall consider the request for Administrative Review filed on the date that the Division received the request as established by a date stamp on the request or other record of receipt. In the absence of a date stamp or other record of receipt:
  1. If the appeal is transmitted via United States Postal Service, the date received shall be shown by the post mark, or postage meter mark of the envelope.
  2. If the appeal is transmitted via facsimile and there is no record of receipt, then the date received shall be shown by the date on the written appeal.
- D. The Division shall send the Requestor or Representative who filed the request a written acknowledgement of receipt of the request for Administrative Review within five working days of receiving the request.

**R6-6-1807. Contents of a Request for Administrative Review**

- A. A request for Administrative Review shall include:
  1. Identification of the Action;
  2. Reason for the request for administrative review, including why the Requestor disagrees with the Action;
  3. Desired resolution; and
  4. Written consent of the Applicant, Member, or Responsible Person, when applicable.
- B. The Division shall consider additional supporting documentation submitted by the Requestor or Representative within 10 days of the file date of the request for an Administrative Review. The Division may consider additional supporting documentation submitted by the Requestor or Representative more than 10 days from the file date of the request for an Administrative Review.

**R6-6-1808. Denial of a Request for Administrative Review**

The Division shall deny a request for Administrative Review upon determination that:

1. The request is untimely;
2. The request does not meet the requirements in R6-6-1807(A);
3. The request is not based on an Action; or
4. The Action is based solely on a change in federal or state law, rule, or regulation adversely affecting some or all Applicants or Members.

**R6-6-1809. Time-frame for Completing Administrative Review**

- A. The Division shall mail a written Administrative Decision to the Requestor or Representative no later than 30 days after the Division receives the request for an Administrative Review, unless a longer period is mutually agreed upon in writing.
- B. If the Requestor or Representative does not receive an Administrative Decision within 30 days of the date on the acknowledgement of the request for Administrative Review, the Requestor or Representative may:
  1. Consider the Action upheld and file an Appeal under Article 22 of this Chapter; or
  2. Wait for the Division to issue an Administrative Decision and file an Appeal within the time-frame provided in Article 22 of this Chapter.

**R6-6-1810. Content of an Administrative Decision**

- A. The Division shall ensure the written Administrative Decision includes the results of the Administrative Review and the date it was completed.
- B. For an Administrative Review not resolved wholly in favor of the Requestor, the Administrative Decision shall contain:
  1. The right to request an Appeal under Article 22 of this Chapter, and how to make the request;
  2. The right of a Member or Representative to request continuation of the Member's service under R6-6-1812 while the Appeal is pending, and how to make the request; and
  3. The factual and legal basis for the decision.

**R6-6-1811. Initial Determination of Ineligibility**

When the Division denies eligibility and a Requestor or Representative requests an Administrative Review, the Division shall not authorize services until a final administrative or judicial decision establishes eligibility.

**R6-6-1812. Continuation of Services During the Administrative Review Process**

- A. The Division shall continue authorizing a Member's service solely funded by the state if:
  1. The Member or the Member's Representative files a timely request for Administrative Review;



- 2. The request for Administrative Review involves the termination, suspension, or reduction of a previously authorized service or termination of eligibility for Division services;
- 3. The period covered by the original authorization has not expired; and
- 4. The Member or the Member’s Representative requests continuation of services.
- B.** If a request is made under subsection (A) and the Division continues the Member’s service while the Administrative Review is pending, the Division shall continue services until:
  - 1. The Member or the Member’s Representative withdraws the request for Administrative Review;
  - 2. The Member or the Member’s Representative fails to file a timely Appeal for hearing under Article 22 of this Chapter;
  - 3. Final administrative or judicial resolution of the subject matter in the request for Administrative Review occurs and it is in the Division’s favor; or
  - 4. The time-period or service limits of a previously authorized service have been met.
- C.** The Division shall take the Action as specified in the written notice if the request for Administrative Review is untimely.

**R6-6-1813. Continuation of Home and Community-based Services (HCBS) Certificates during the Administrative Review Process**

When an HCBS certificate holder timely files a request for an Administrative Review regarding a decision to suspend or revoke an HCBS certificate, the revocation or suspension shall not become effective, unless the Division finds that the public health, safety, or welfare imperatively requires emergency action under A.R.S. § 41-1064, until:

- 1. There is an Administrative Decision, or the Action is considered upheld under R6-6-1809(B)(1), and the Requestor does not file a timely appeal under Article 22 of this Chapter; or
- 2. If there is a timely appeal under Article 22 of this Chapter, a final administrative or judicial decision is rendered.

**R6-6-1814. Appeals and Hearings**

A Requestor shall have the right to an Appeal under Article 22 of this Chapter if:

- 1. The Requestor is dissatisfied with the Administrative Decision; or
- 2. The Action is considered upheld pursuant to R6-6-1809(B)(1).

**NOTICE OF PROPOSED RULEMAKING  
TITLE 9. HEALTH SERVICES  
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES  
COMMUNICABLE DISEASES AND INFESTATIONS**

[R17-91]

**PREAMBLE**

<b><u>1. Article, Part, or Section Affected (as applicable)</u></b>	<b><u>Rulemaking Action</u></b>
R9-6-101	Amend
R9-6-201	Amend
R9-6-202	Amend
Table 1	Repeal
Table 2.1	New Section
R9-6-203	Amend
Table 2	Amend
R9-6-204	Amend
Table 3	Repeal
Table 2.3	New Section
R9-6-205	Amend
R9-6-206	Amend
Table 4	Repeal
Table 2.4	New Section
R9-6-207	Amend
R9-6-301	Amend
R9-6-302	Amend
R9-6-303	Amend
R9-6-304	Amend
R9-6-305	Repeal
R9-6-305	New Section
R9-6-306	Repeal
R9-6-306	Amend
R9-6-307	Repeal
R9-6-307	New Section
R9-6-308	Repeal
R9-6-308	Amend
R9-6-309	Repeal
R9-6-309	New Section
R9-6-310	Repeal
R9-6-310	New Section



R9-6-311	Renumber
R9-6-311	Amend
R9-6-312	Renumber
R9-6-312	Amend
R9-6-313	Renumber
R9-6-313	Amend
R9-6-314	Renumber
R9-6-314	Amend
R9-6-315	Renumber
R9-6-315	New Section
R9-6-316	Renumber
R9-6-316	Amend
R9-6-317	Renumber
R9-6-317	Amend
R9-6-318	Renumber
R9-6-318	New Section
R9-6-319	Renumber
R9-6-319	Amend
R9-6-320	Renumber
R9-6-320	Amend
R9-6-321	Renumber
R9-6-321	New Section
R9-6-322	Renumber
R9-6-322	Amend
R9-6-323	Renumber
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R9-6-337	Renumber
R9-6-337	New Section
R9-6-338	Renumber
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R9-6-358	New Section
R9-6-359	Renumber
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R9-6-360	Renumber
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R9-6-361	Renumber
R9-6-361	New Section
R9-6-362	Renumber
R9-6-362	Amend
R9-6-363	Renumber
R9-6-363	Amend
R9-6-364	Repeal
R9-6-364	Renumber
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R9-6-367	Amend
R9-6-368	Renumber
R9-6-368	Amend
R9-6-369	Repeal
R9-6-369	Renumber
R9-6-369	Amend
R9-6-370	Renumber
R9-6-370	New Section
R9-6-371	Renumber
R9-6-371	Amend
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R9-6-373	Amend
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R9-6-375	Renumber
R9-6-375	Amend



R9-6-376	Renumber
R9-6-376	Amend
R9-6-377	Renumber
R9-6-377	New Section
R9-6-378	Renumber
R9-6-378	Amend
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R9-6-387	Repeal
R9-6-387	Renumber
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R9-6-395	Renumber
R9-6-395	Amend
R9-6-396	Renumber
R9-6-396	Amend
R9-6-397	Renumber
R9-6-397	Amend
R9-6-398	New Section
R9-6-1002	Amend
R9-6-1102	Amend
R9-6-1103	Amend
R9-6-1202	Amend

**2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(F)  
 Implementing statutes: A.R.S. § 36-136(H)(1)

**3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**

Notice of Rulemaking Docket Opening: 22 A.A.R. 1954, July 29, 2016

**4. The agency’s contact person who can answer questions about the rulemaking:**

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E-mail: Ken.Komatsu@azdhs.gov  
 or  
 Name: Robert Lane, Manager  
 Address: Department of Health Services  
 Office of Administrative Counsel and Rules  
 150 N. 18th Ave., Suite 200  
 Phoenix, AZ 85007  
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**5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

Arizona Revised Statutes (A.R.S.) § 36-136(H)(1) requires the Arizona Department of Health Services (Department) to make rules defining and prescribing “reasonably necessary measures for detecting, reporting, preventing, and controlling communicable and preventable diseases.” The Department has adopted rules to implement this statute in Arizona Administrative Code (A.A.C.) Title 9, Chapter 6. The rules specifying reporting requirements for communicable diseases are in 9 A.A.C. 6, Article 2. The rules covering control measures for communicable diseases are in 9 A.A.C. 6, Article 3. The rules in 9 A.A.C. 6, Articles 2 and 3 contain requirements for the reporting of several conditions that no longer need to be included as reportable conditions and do not contain reporting requirements for other conditions that should be reportable to protect public health. The rules need to be revised to update reportable conditions and their control measures, ensure more accurate tracking and better reporting, and improve the effectiveness of the rules in preventing a significant threat to public health. After receiving an exception from the Governor’s rulemaking moratorium established by Executive Order 2016-03, the Department is revising the rules to address these concerns, account for changes in laboratory methodologies, allow for electronic reporting, and reduce the regulatory burden of the rules. In addition, the Department is changing cross-references in other Articles in the Chapter that are being made incorrect by renumbering in Article 3. The proposed amendments will conform to rulemaking format and style requirements of the Governor’s Regulatory Review Council and the Office of the Secretary of State.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study for this rulemaking.

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

This analysis covers costs and benefits associated with the rule changes and does not describe effects imposed by statutes. No new FTEs will be required due to this rulemaking. Annual cost/revenue changes are designated as minimal when more than \$0 and \$5,000 or less, moderate when between \$5,000 and \$30,000, and substantial when \$30,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification. The Department anticipates that persons affected by the rulemaking include the Department; local health agencies; local agencies responsible for vector control; health care providers; health care institutions; correctional facilities, including both public and private; schools, child care establishments, and shelters; clinical laboratories; businesses employing individuals infected with a communicable disease, including owners or operators of restaurants or other food establishments; owners or operators of aquatic venues; pharmacists and pharmacies; health insurance providers, including the Arizona Health Care Cost Containment System (AHCCCS); cases or suspect cases of a communicable disease; contacts of individuals infected with a communicable disease; other patients, residents, or prisoners in a health care institution or correctional facility; and the general public.

The Department believes that having rules that are clearer and easier to understand may provide a significant benefit to the Department since staff could then spend less time on following up on incomplete or inadequate reports or answering questions about the communicable disease rules and more time analyzing the data received. The proposed rules specify that reports are required to be submitted in a Department-provided format, allowing for electronic submission. The Department anticipates receiving a significant benefit from this change. Adding communicable diseases to those reported by clinical laboratories will make reporting more uniform across reporting entities and may detect additional cases, providing a significant benefit to the Department while imposing no more than a minimal burden on the Department from reviewing the additional reports and taking required action based on the reports. The Department believes that requiring the results of all CD4-T-lymphocyte counts and the results of all HIV tests except negative screening tests may provide a substantial benefit to the Department by providing better information about individuals infected with HIV, which the Department may use to develop better public health responses. This change will also make the Department eligible for grant funding from the Centers for Disease Control and Prevention (CDC), to which Arizona is currently ineligible. Since testing methodologies in clinical laboratories have changed since the current rules were adopted, with many tests not requiring a clinical laboratory to obtain an isolate from a specimen as part of the confirmation of a communicable disease, the proposed rules specify that a clinical laboratory is required for some communicable diseases to submit to the Arizona State Laboratory an isolate of the organism for each positive culture, if one is available, or a specimen for each positive test result. This change may cause the Department a minimal increase in costs if the Arizona State Laboratory, a component of the Department, must develop additional isolates from submitted specimens if necessary for identification and confirmation of disease status, to establish relationships between cases of the disease, to determine the drugs that may be used to treat an individual infected with the agent, and to identify trends in the agent’s antigen content that may affect vaccine effectiveness or public health control measures.



A change to require an isolate or specimen for other communicable diseases only by request may reduce the number of unnecessary isolates/specimens received and provide a moderate benefit to the Department when receiving, cataloging, and storing these isolates/specimens. The Department believes that decreasing the time period for reporting may provide a significant benefit to the Department by allowing the Department to respond to individual cases more quickly to reduce the chance of an outbreak, as well as to detect outbreaks more quickly to reduce the number of new cases. Changes that clarify the Department's role in the control of communicable diseases may provide a significant benefit to the Department in improving public health in Arizona.

Local health agencies may receive a significant benefit from the clarified requirements related to communicable disease reporting or control measures, since local health agencies may receive more complete and accurate reports and be able to complete epidemiologic investigations more efficiently. The Department anticipates that a local health agency may incur a minimal-to-moderate burden from the addition of new reportable communicable diseases, depending on the county and the number of cases in the county, and may receive a minimal-to-substantial benefit from the removal of some reportable communicable diseases from the proposed rules, depending on the number that had previously been received and acted upon. The Department believes that changes that add requirements for epidemiologic investigations may impose a minimal-to-moderate burden on a local health agency and that a local health agency may receive a minimal-to-substantial benefit from the removal of requirements for epidemiologic investigations for other communicable diseases. The proposed rules also clarify that a local health agency may conduct an epidemiologic or other investigation, even if not specifically required by this Chapter, in cooperation with the Department. The Department believes this clarification may provide a significant benefit to a local health agency. A local health agency may also incur a minimal-to-moderate burden from the decrease in time to report to the Department for some communicable diseases and may receive a minimal-to-moderate benefit from changes increasing the reporting time, with smaller local health agencies with fewer staff perhaps receiving a significant benefit from the increased time since reports about these communicable diseases would no longer need to be reported over weekends or holidays. Based on the estimates of the numbers of cases or suspect cases for which a local health agency may now be required to ensure submission of an isolate or specimen compared with the estimated number for which a local health agency will no longer be required to ensure submission, the Department anticipates that these changes may cause at most a minimal additional cost to a local health agency. The Department believes that changes related to isolation, quarantine, or exclusion may provide a significant benefit to a local health agency, while other changes to control measures may provide a minimal-to-moderate benefit to a local health agency due to the net decrease in the number of instances in which a local health agency is required under the proposed rules to take action. The addition of some responsibilities for local health agencies in the proposed rules is anticipated to cause a minimal-to-substantial increase in cost to a local health agency, depending on the number of cases or outbreaks. If a local health agency is not responsible for conducting environmental assessments for vector control within a jurisdiction, a local agency responsible for vector control in the jurisdiction may incur a minimal-to-moderate burden for performing additional assessments if the local agency responsible for vector control were not already performing these assessments.

Some of the added communicable diseases should already have been reported under the current rules in R9-6-202 and Table 1 as "emerging or exotic disease." Because of the low incidence of the added communicable diseases, the Department expects that a health care provider required to report who had not reported the added communicable diseases under this category may incur up to a minimal additional burden for reporting them. A health care provider required to report might also incur minimal additional costs due to the added information being required in a report and from the reduced time to report certain communicable diseases. The removal of other diseases as reportable may provide a health care provider required to report with a minimal-to-moderate benefit, depending on the number of cases the health care provider encounters. The Department believes that notification to a receiving facility that an individual known to be infected with certain antibiotic-resistant agents is being transferred to the facility is a standard of practice and is adding this requirement to the proposed rules. This notification may cause a minimal-to-moderate cost to a health care provider, depending on the number of cases for which notification by the health care provider would need to be made, but provide an offsetting minimal-to-substantial benefit to the receiving health care provider by reducing the chance the infection would spread. New requirements for a diagnosing health care provider to institute isolation precautions for certain diseases, including tuberculosis, and for a health care provider for a pregnant syphilis case to order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery to reduce the risk of the baby being born with congenital syphilis are being added to the proposed rules and are expected to impose a minimal-to-moderate cost on a health care provider who diagnoses one of these diseases or is treating a pregnant syphilis case and provide a significant benefit in reducing the threat of transmission, including transmission to the fetus or newborn, thereby avoiding stillbirth, premature birth and/or potential deformities in the newborn.

An administrator of a health care institution that had not reported cases or suspect cases of added communicable diseases under the current rules may be expected to incur a minimal-to-moderate burden for reporting them. An administrator of a health care institution might also incur minimal additional costs due to the added information being required in a report and from the reduced time to report certain communicable diseases, with some of this cost mitigated through electronic reporting, especially for larger facilities. The Department anticipates that reporting outbreaks of respiratory disease in a health care institution may impose a minimal burden on an administrator of a health care institution and may result in significant cost savings if earlier reporting and institution of appropriate precautions and other responses results in less transmission and fewer cases. The Department estimates that removing the reporting requirements for certain communicable diseases may provide a minimal-to-substantial benefit to a health care institution, depending on the number of cases the health care institution encounters. The addition of requirements for isolation precautions for certain diseases may cause a health care institution to incur minimal-to-moderate costs to institute control measures for these communicable diseases and to receive minimal-to-substantial benefits from having the control measures in place. Additional requirements related to tuberculosis may provide a significant benefit to a health care institution by making requirements clearer and consistent with standards of care, but could cause a health care institution to incur minimal increased cost for providing additional information as part of a report and moderate additional costs if approval of release from isolation and airborne precautions of a tuberculosis suspect case takes longer than before. Notification requirements upon transfer may cause a minimal additional cost to a health care institution as a sending facility, depending on the number of cases for which notification would need to be made, and provide as much as a substantial benefit as a receiving health care institution by reducing the chance the infection would



spread.

An administrator of a correctional facility might incur minimal additional costs due to the added information being required in a report and from the reduced time to report certain communicable diseases. The Department also anticipates that reporting outbreaks of respiratory disease in a correctional facility would impose a minimal burden on an administrator of a correctional facility, but that the correctional facility may receive a minimal-to-moderate benefit from the earlier detection of cases and the institution of isolation precautions to reduce the number of new cases and a minimal-to-substantial benefit from the removal of requirements to report certain communicable diseases. The Department anticipates that a correctional facility may incur minimal-to-moderate costs to institute control measures for added communicable diseases, but receive minimal-to-substantial benefits from having the control measures in place, thus reducing the chance of an outbreak occurring. Similarly, a correctional facility may receive a moderate-to-substantial benefit from notification upon transfer by a health care provider or health care institution of a prisoner's diagnosis with an antibiotic-resistant organism so precautions can be taken to prevent transmission. Requirements related to tuberculosis may cause a correctional facility to incur a minimal increased cost from providing the additional information when reporting a case of tuberculosis and to receive a minimal-to-substantial benefit from the changes related to removal from isolation precautions.

The Department believes that the addition of a few new items of information to a report may cause a school, child care establishment, or shelter to incur minimal additional costs for the added information and that a school, child care establishment, or shelter may receive a significant benefit from clarity and the reduced time spent finding and giving the additional information to a local health agency once it is requested separate from the report. In addition, the Department anticipates that a shelter could incur minimal-to-moderate costs for implementing additional control measures for measles, mumps, pertussis, and rubella recommended by a local health agency but receive a significant benefit from not having a case of one of these communicable diseases infect other individuals on the premises.

The proposed rules require the reporting by clinical laboratories of results from tests for several additional communicable diseases. Because the communicable diseases being added are already being reported or are rare, the Department believes that these changes will result in at most a minimal-to-moderate cost to a clinical laboratory. Changes in the requirements for reporting of HIV-related tests are expected to result in a significant benefit to a clinical laboratory through having reporting requirements consistent with the rest of the country, and may result in at most a minimal-to-moderate cost to a clinical laboratory that had not already been reporting viral load and CD4 count values for all HIV-related tests. Many clinical laboratories already report results within the new time periods in the proposed rules. For clinical laboratories not reporting according to the time periods in the proposed rules, the Department believes a clinical laboratory may incur minimal-to-moderate costs to send the report out more quickly, depending on the number of reports, and may receive a significant benefit if the proposed rules encourage electronic reporting. Changes requiring a clinical laboratory to send isolates/specimens on the request of the Department may result in fewer isolates/specimens being submitted and a significant benefit to a clinical laboratory, while sending specimens for other communicable diseases may cause the clinical laboratory to incur minimal additional costs, which may be reduced by the clinical laboratory using the courier service provided by the Arizona State Laboratory. A new requirement to submit a drug sensitivity pattern determined when testing for the agent causing gonorrhea may cause a minimal-to-moderate cost increase to clinical laboratories, depending on the number of reports including a drug sensitivity pattern.

Workers in sensitive occupations who are infected with certain communicable diseases are excluded from working until specific criteria are met to reduce the chance for wide-spread transmission of the disease. The Department anticipates that the owner of a business employing one of these infected workers may incur a minimal-to-moderate cost due to more stringent exclusion criteria for some diseases and may receive a minimal-to-moderate benefit from less stringent exclusion criteria for other diseases and from the potential reduction in the number of new cases or an outbreak arising from an infected worker employed at the business. The environmental control and health education requirements added in the proposed rules may also provide a significant benefit to a business employing an individual infected with a communicable disease if an environmental assessment includes the business as a possible source of infection and any issues are identified so the owner or operator of the business can take steps to resolve the issues.

The proposed rules affect other businesses as well. They add an exclusion from an individual using an aquatic venue for specific periods after diarrhea has resolved for certain water-borne diseases. The Department believes that an owner or operator of an aquatic venue may incur minimal decreased revenue from fewer individuals with one of these diseases using the aquatic venue during the time period specified in rule for exclusion and may receive up to a substantial benefit from not having the aquatic venue contaminated and having to shut down operations until the area is no longer contaminated. Clarifying reporting requirements for pharmacists and administrators of pharmacies may provide a significant benefit to these persons. The Department also anticipates that a health insurance company or health plan, including AHCCCS or Medicare, may receive up to a substantial benefit from the rule change requiring notification upon transfer through the reduction in the number of new cases for which the health insurance company or health plan would be required to pay for care.

Individuals infected with a communicable disease are expected to receive a minimal benefit from the clarification of reporting requirements and control measures for communicable diseases and a significant benefit from the reduced time to report for some of the reportable communicable, allowing individuals with expertise in the disease to provide faster assistance. Notification requirements upon transfer may provide a significant benefit to an individual infected with one of these diseases since the receiving health care provider, health care institution, or correctional facility may be able to provide better care to the individual. The environmental control and health education requirements added in the proposed rules may provide a significant indirect benefit to a case or suspect case by helping to protect the family members of the case or suspect case from becoming infected. Additional control measures in R9-6-303 may reduce the time of or avoid the need for isolation or exclusion in some instances, providing a significant benefit to an individual who would otherwise have been isolated or excluded. The proposed rules also allow local health agencies to determine when a case or suspect case should be excluded for certain diseases and when they may be removed



from exclusion, which may provide a significant benefit to an infected individual who may be removed from isolation or exclusion earlier and may impose a significant cost on an individual who is excluded longer to protect public health.

The removal of contact control measures for certain diseases and changes requiring the notification of a parent or guardian of a child who is a contact of a pediculosis case may provide a significant benefit to a contact of an individual infected with a communicable disease. Other changes affecting when and for how long a contact is to be quarantined or excluded or adding additional control measures that may be used may provide a significant benefit to a contact. Requirements for environmental control measures and health education may also provide a significant benefit to the household or neighborhood contacts of an infected individual by identifying potential sources of infection and thereby reducing the risk of infection to the contacts. Notification before transfer of an individual infected with one of certain communicable diseases may also provide a significant benefit to staff or patients of a receiving facility.

The general public may receive a significant benefit from the clarity of the new rules and the ease with which they may be followed. Earlier detection of cases or outbreaks made possible by the proposed rules should lead to quicker response times and less disease/less transmission, as will changes to control measures, such as education, vector control, environmental measures, exclusions, and isolation, established to prevent additional cases. Reduced transmission leads to less risk to others, which may provide a significant benefit to society in general.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Ken Komatsu, State Epidemiologist  
 Address: Arizona Department of Health Services  
 Bureau of Epidemiology and Disease Control  
 150 N. 18th Ave., Suite 100  
 Phoenix, AZ 85007-3248  
 Telephone: (602) 364-3587  
 Fax: (602) 364-3199  
 E-mail: Ken.Komatsu@azdhs.gov  
 or  
 Name: Robert Lane, Manager  
 Address: Arizona Department of Health Services  
 Office of Administrative Counsel and Rules  
 150 N. 18th Ave., Suite 200  
 Phoenix, AZ 85007  
 Telephone: (602) 542-1020  
 Fax: (602) 364-1150  
 E-mail: Robert.Lane@azdhs.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

The Department has scheduled the following oral proceeding:

Date and time: Thursday, July 13, 2017, 1:00 p.m.  
 Location: 150 N. 18th Ave., Room 215  
 Phoenix, AZ 85007

Close of record: Thursday, July 13, 2017, 4:00 p.m.

A person may submit written comments on the proposed rules no later than the close of record to either of the individuals listed in items 4 and 9.

A person with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Robert Lane at Robert.Lane@azdhs.gov or (602) 542-1020. Requests should be made as early as possible to allow time to arrange the accommodation.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rules do not require a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No business competitiveness analysis was received by the Department.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

Not applicable

**13. The full text of the rules follows:**



TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES  
COMMUNICABLE DISEASES AND INFESTATIONS

ARTICLE 1. GENERAL

Section  
R9-6-101. Definitions

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

Section  
R9-6-201. Definitions

R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

Table 1. ~~Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility~~ Repealed

Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

Table 2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

R9-6-204. Clinical Laboratory Director Reporting Requirements

Table 3. ~~Clinical Laboratory Director Reporting Requirements~~ Repealed

Table 2.3. Clinical Laboratory Director Reporting Requirements

R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy

R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports

Table 4. ~~Local Health Agency Reporting Requirements~~ Repealed

Table 2.4. Local Health Agency Reporting Requirements

R9-6-207. Federal or Tribal Entity Reporting

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

Section  
R9-6-301. Definitions

R9-6-302. Local Health Agency Control Measures

R9-6-303. Isolation, and Quarantine, Exclusion, and Other Control Measures

R9-6-304. Food Establishment Control Measures

R9-6-305. Control Measures for Multi-drug-resistant Organisms

~~R9-6-305-R9-6-306.~~ Amebiasis

~~R9-6-307.~~ Aseptic Meningitis

R9-6-307. Anaplasmosis

~~R9-6-306-R9-6-308.~~ Anthrax

R9-6-309. Arboviral Infection

R9-6-310. Babesiosis

~~R9-6-308-R9-6-311.~~ Basidiobolomycosis

~~R9-6-309-R9-6-312.~~ Botulism

~~R9-6-310-R9-6-313.~~ Brucellosis

~~R9-6-311-R9-6-314.~~ Campylobacteriosis

R9-6-315. Carbapenem-resistant Enterobacteriaceae

~~R9-6-312-R9-6-316.~~ Chagas Infection and Related Disease (American Trypanosomiasis)

~~R9-6-313-R9-6-317.~~ Chancroid (*Haemophilus ducreyi*)

R9-6-318. Chikungunya

~~R9-6-314-R9-6-319.~~ Chlamydia *Chlamydia trachomatis* Infection, ~~Sexually Transmitted~~

~~R9-6-315-R9-6-320.~~ Cholera

R9-6-321. Clostridium difficile

~~R9-6-316-R9-6-322.~~ Coccidioidomycosis (Valley Fever)

~~R9-6-317-R9-6-323.~~ Colorado Tick Fever

~~R9-6-318-R9-6-324.~~ Conjunctivitis: Acute

~~R9-6-319-R9-6-325.~~ Creutzfeldt-Jakob Disease

~~R9-6-320-R9-6-326.~~ Cryptosporidiosis

~~R9-6-321-R9-6-327.~~ *Cyclospora* Infection

~~R9-6-322-R9-6-328.~~ Cysticercosis

~~R9-6-323-R9-6-329.~~ Dengue

~~R9-6-330.~~ Expired

~~R9-6-324-R9-6-330.~~ Diarrhea, Nausea, or Vomiting



<del>R9-6-325-R9-6-331.</del>	Diphtheria
<del>R9-6-326-R9-6-332.</del>	Ehrlichioses (Ehrlichiosis and Anaplasmosis)
<del>R9-6-327-R9-6-333.</del>	Emerging or Exotic Disease
<del>R9-6-328-R9-6-334.</del>	Encephalitis: Viral or Parasitic
<del>R9-6-329-R9-6-335.</del>	Enterohemorrhagic <i>Escherichia coli</i> , <u>Shiga Toxin-producing</u>
<del>R9-6-331-R9-6-336.</del>	Giardiasis
<del>R9-6-337.</del>	Glanders
<del>R9-6-332-R9-6-338.</del>	Gonorrhea
<del>R9-6-333-R9-6-339.</del>	<i>Haemophilus influenzae</i> : Invasive Disease
<del>R9-6-334-R9-6-340.</del>	Hansen's Disease (Leprosy)
<del>R9-6-335-R9-6-341.</del>	Hantavirus Infection
<del>R9-6-336-R9-6-342.</del>	Hemolytic Uremic Syndrome
<del>R9-6-343.</del>	Expired
<del>R9-6-337-R9-6-343.</del>	Hepatitis A
<del>R9-6-338-R9-6-344.</del>	Hepatitis B and Hepatitis D
<del>R9-6-339-R9-6-345.</del>	Hepatitis C
<del>R9-6-340-R9-6-346.</del>	Hepatitis E
<del>R9-6-341-R9-6-347.</del>	Human Immunodeficiency Virus (HIV) Infection and Related Disease
<del>R9-6-342-R9-6-348.</del>	Influenza-Associated Mortality in a Child
<del>R9-6-344-R9-6-349.</del>	Legionellosis (Legionnaires' Disease)
<del>R9-6-345-R9-6-350.</del>	Leptospirosis
<del>R9-6-346-R9-6-351.</del>	Listeriosis
<del>R9-6-347-R9-6-352.</del>	Lyme Disease
<del>R9-6-348-R9-6-353.</del>	Lymphocytic Choriomeningitis
<del>R9-6-349-R9-6-354.</del>	Malaria
<del>R9-6-350-R9-6-355.</del>	Measles (Rubeola)
<del>R9-6-351-R9-6-356.</del>	Melioidosis
<del>R9-6-352-R9-6-357.</del>	Meningococcal Invasive Disease
<del>R9-6-358.</del>	<u>Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)</u>
<del>R9-6-353-R9-6-359.</del>	Mumps
<del>R9-6-354-R9-6-360.</del>	Norovirus
<del>R9-6-361.</del>	<u>Novel Coronavirus (e.g., SARS or MERS)</u>
<del>R9-6-355-R9-6-362.</del>	Pediculosis (Lice Infestation)
<del>R9-6-363.</del>	Expired
<del>R9-6-356-R9-6-363.</del>	Pertussis (Whooping Cough)
<del>R9-6-364.</del>	<del>Rocky Mountain Spotted Fever</del>
<del>R9-6-357-R9-6-364.</del>	Plague
<del>R9-6-358-R9-6-365.</del>	Poliomyelitis ( <u>Paralytic or Non-paralytic</u> )
<del>R9-6-359-R9-6-366.</del>	Psittacosis (Ornithosis)
<del>R9-6-360-R9-6-367.</del>	Q Fever
<del>R9-6-361-R9-6-368.</del>	Rabies in a Human
<del>R9-6-369.</del>	<del>Severe Acute Respiratory Syndrome</del>
<del>R9-6-362-R9-6-369.</del>	Relapsing Fever (Borreliosis)
<del>R9-6-370.</del>	<u>Respiratory Disease in a Health Care Institution or Correctional Facility</u>
<del>R9-6-365-R9-6-371.</del>	Rubella (German Measles)
<del>R9-6-366-R9-6-372.</del>	Rubella Syndrome, Congenital
<del>R9-6-367-R9-6-373.</del>	Salmonellosis
<del>R9-6-368-R9-6-374.</del>	Scabies
<del>R9-6-370-R9-6-375.</del>	Shigellosis
<del>R9-6-371-R9-6-376.</del>	Smallpox
<del>R9-6-377.</del>	<u>Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)</u>
<del>R9-6-372-R9-6-378.</del>	Streptococcal Group A Infection
<del>R9-6-373-R9-6-379.</del>	Streptococcal Group B Infection in an Infant Younger Than 90 Days of Age
<del>R9-6-374-R9-6-380.</del>	<i>Streptococcus pneumoniae</i> <u>Invasive</u> Infection
<del>R9-6-375-R9-6-381.</del>	Syphilis
<del>R9-6-376-R9-6-382.</del>	Taeniasis
<del>R9-6-377-R9-6-383.</del>	Tetanus
<del>R9-6-384.</del>	Expired
<del>R9-6-378-R9-6-384.</del>	Toxic Shock Syndrome
<del>R9-6-379-R9-6-385.</del>	Trichinosis
<del>R9-6-380-R9-6-386.</del>	Tuberculosis
<del>R9-6-387.</del>	<u>Vancomycin-Resistant <i>Staphylococcus epidermidis</i></u>
<del>R9-6-381-R9-6-387.</del>	Tularemia
<del>R9-6-382-R9-6-388.</del>	Typhoid Fever
<del>R9-6-383-R9-6-389.</del>	Typhus Fever
<del>R9-6-385-R9-6-390.</del>	Vaccinia-related Adverse Event



- ~~R9-6-386~~~~R9-6-391~~ Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*
- ~~R9-6-388~~~~R9-6-392~~ Varicella (Chickenpox)
- ~~R9-6-389~~~~R9-6-393~~ *Vibrio* Infection
- ~~R9-6-394~~ Expired
- ~~R9-6-390~~~~R9-6-394~~ Viral Hemorrhagic Fever
- ~~R9-6-391~~~~R9-6-395~~ West Nile ~~Virus-related Syndromes~~ Virus Infection
- ~~R9-6-392~~~~R9-6-396~~ Yellow Fever
- ~~R9-6-393~~~~R9-6-397~~ Yersiniosis (Enteropathogenic *Yersinia*)
- ~~R9-6-398~~ Zika Virus Infection

**ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION**

- Section
- R9-6-1002. Local Health Agency Requirements

**ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION**

- Section
- R9-6-1102. Health Care Provider Requirements
- R9-6-1103. Local Health Agency Requirements

**ARTICLE 12. TUBERCULOSIS CONTROL**

- Section
- R9-6-1202. Local Health Agency Reporting Requirements

**ARTICLE 1. GENERAL**

**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
2. “Administrator” means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
5. “AIDS” means Acquired Immunodeficiency Syndrome.
6. “Airborne precautions” means, in addition to use of standard precautions:
  - a. Either:
    - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
      - (1) Exhausted directly to the outside of the building containing the room, or
      - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
    - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
      - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and
      - (2) Ensuring that the individual is wearing a mask covering the individual’s nose and mouth; and
  - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
    - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
    - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
7. “Approved test for tuberculosis” means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. “Arizona State Laboratory” means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. “Barrier” means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. “Carrier” means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. “Case” means an individual:
  - a. With a communicable disease whose condition is documented:
    - i. By laboratory results that support the presence of the agent that causes the disease;
    - ii. By a health care provider’s diagnosis based on clinical observation; or
    - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;



- b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - e. ~~Who has died without apparent cause within 48 hours after experiencing a fever; or~~
  - ~~d.c.~~ Who has experienced a vaccinia-related adverse event.
14. "Case definition" means the disease-specific criteria that must be met for an individual to be classified as a case.
  15. "Chief medical officer" means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
  16. "Child" means an individual younger than 18 years of age.
  17. "Child care establishment" means:
    - a. A "child care facility," as defined in A.R.S. § 36-881;
    - b. A "child care group home," as defined in A.R.S. § 36-897;
    - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
    - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
  18. "Clinical signs and symptoms" means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient's description of subjective complaints.
  19. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
  20. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
  21. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
    - a. From an infected individual to another individual;
    - b. From an infected animal, arthropod, or vehicle to an individual; or
    - c. From an infected individual to an animal.
  22. "Confirmatory test" means a laboratory analysis, ~~such as a Western blot analysis~~ approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
  23. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
  24. "Correctional facility" means any place used for the confinement or control of an individual:
    - a. Charged with or convicted of an offense,
    - b. Held for extradition, or
    - c. Pursuant to a court order for law enforcement purposes.
  25. "Court-ordered subject" means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
  26. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
  27. "Department" means the Arizona Department of Health Services.
  28. "Designated service area" means the same as in R9-18-101.
  29. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
  30. "Disease" means a condition or disorder that causes the human body to deviate from its normal or healthy state.
  31. "Emerging or exotic disease" means:
    - a. A new disease resulting from change in an existing organism;
    - b. A known disease not usually found in the geographic area or population in which it is found;
    - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
    - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
  32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
  33. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
  34. "Fever" means a temperature of ~~40.1°~~ 100.4° F or higher.
  35. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
  36. "Food handler" means:
    - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
    - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
  37. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
  38. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
  39. "HBsAg" means hepatitis B surface antigen.
  40. "Health care institution" has the same meaning as in A.R.S. § 36-401.
  41. "Health care provider" means the same as in A.R.S. § 36-661.
  42. "Health education" means supplying to an individual or a group of individuals:
    - a. Information about a communicable disease or options for treatment of a communicable disease, and
    - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
  43. "HIV" means Human Immunodeficiency Virus.
  44. "HIV-related test" has the same meaning as in A.R.S. § 36-661.



45. “Infected” or “infection” means when an individual has an agent for a disease in a part of the individual’s body where the agent may cause a disease.
46. “Infectious active tuberculosis” means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. “Infectious agent” means an agent that can be transmitted to an individual.
48. “Infant” means a child younger than 12 months of age.
49. “Isolate” means:
- To separate an infected individual or animal from others to limit the transmission of infectious agents, or
  - A pure strain of an agent obtained from a specimen.
50. “Isolation” means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
51. “Laboratory report” means a document that:
- Is produced by a laboratory that conducts a test or tests on a subject’s specimen; and
  - Shows the outcome of each test, including personal identifying information about the subject.
52. “Local health agency” means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. “Local health officer” means an individual who has daily control and supervision of a local health agency or the individual’s designee.
54. “Medical evaluation” means an assessment of an individual’s health by a physician, physician assistant, or registered nurse practitioner.
55. “Medical examiner” means an individual:
- Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
  - Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
56. “Multi-drug resistant tuberculosis” means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. “Officer in charge” means the individual in the senior leadership position in a correctional facility or that individual’s designee.
58. “Outbreak” means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. “Parent” means a biological or adoptive mother or father.
60. “Person” has the same meaning as in A.R.S. § 1-215.
- ~~60-61.~~ “Petition” means a formal written application to a court requesting judicial action on a matter.
- ~~61-62.~~ “Pharmacy” has the same meaning as in A.R.S. § 32-1901.
- ~~62-63.~~ “Physician” means an individual licensed as a doctor of:
- Allopathic medicine under A.R.S. Title 32, Chapter 13;
  - Naturopathic medicine under A.R.S. Title 32, Chapter 14;
  - Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
  - Homeopathic medicine under A.R.S. Title 32, Chapter 29.
- ~~63-64.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~64-65.~~ “Pupil” means a student attending a school.
- ~~65-66.~~ “Quarantine” means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
- ~~66-67.~~ “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
68. “Respiratory disease” means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
- ~~67-69.~~ “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
- ~~68-70.~~ “School” means:
- An “accommodation school,” as defined in A.R.S. § 15-101;
  - A “charter school,” as defined in A.R.S. § 15-101;
  - A “private school,” as defined in A.R.S. § 15-101;
  - A “school,” as defined in A.R.S. § 15-101;
  - A college or university;
  - An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or
  - An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.
- ~~69-71.~~ “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
- ~~70-72.~~ “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, or cunnilingus, or other deliberate interaction with another individual’s genital area for a non-medical or non-hygienic reason.
- ~~71-73.~~ “Shelter” means:
- A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;
  - A “homeless shelter,” as defined in A.R.S. § 16-121; or
  - A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.
- ~~72-74.~~ “Significant exposure” means the same as in A.R.S. § 32-3207.
- ~~73-75.~~ “Standard precautions” means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
- ~~74-76.~~ “Subject” means an individual whose blood or other body fluid has been tested or is to be tested.
- ~~75-77.~~ “Submitting entity” means the same as in A.R.S. § 13-1415.



- ~~76-78.~~ “Suspect case” means an individual whose medical history, signs, or symptoms indicate that the individual:
- May have or is developing a communicable disease;
  - May have experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - ~~May have died without apparent cause within 48 hours after experiencing a fever; or~~
  - May have experienced a vaccinia-related adverse event.
- ~~77-79.~~ “Syndrome” means a pattern of signs and symptoms characteristic of a disease.
- ~~78-80.~~ “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
- ~~79-81.~~ “Test result” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.
- ~~80-82.~~ “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
- ~~81-83.~~ “Tuberculosis control officer” means the same as in A.R.S. § 36-711.
- ~~82.~~ “Unexplained death with a history of fever” means the demise of an individual who has had a fever within 48 hours before death and whose illness has not been diagnosed at the time of death.
- ~~83-84.~~ “Vaccinia-related adverse event” means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
- ~~84-85.~~ “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
- ~~85-86.~~ “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by a virus.
- ~~86-87.~~ “Waterborne” means that water serves as a mode of transmission of an infectious agent.
- ~~87-88.~~ “Working day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

## ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

### R9-6-201. Definitions

In this Article, unless otherwise specified:

- “Clinical laboratory” has the same meaning as in A.R.S. § 36-451.
- “Drug” has the same meaning as in A.R.S. § 32-1901.
- “Epidemiologic curve” means a graphic display of the number of cases over time.
- “Normally sterile site” means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
  - The lower respiratory tract;
  - Blood;
  - Bone marrow;
  - Cerebrospinal fluid;
  - Pleural fluid;
  - Peritoneal fluid;
  - Synovial fluid;
  - Pericardial fluid;
  - Amniotic fluid;
  - Lymph;
  - A closed abscess; or
  - Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
- “Health care provider required to report” means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table ~~+~~ 2.1 or detects an occurrence listed in Table ~~+~~ 2.1.
- “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- “Point of contact” means an individual through whom the Department or a local health agency can obtain information upon request.
- “Whole blood” means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

### R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

- A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table ~~+~~ 2.1 and as specified in subsection (C), ~~(D)~~, or ~~(E)~~ or (D).
- An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table ~~+~~ 2.1 is diagnosed, treated, or detected or an occurrence listed in Table ~~+~~ 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table ~~+~~ 2.1 and as specified in subsection (C), ~~(D)~~, or ~~(E)~~ or (D).
- Except as described in ~~subsections (D) and (E)~~ subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table ~~+~~ 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
  - The following information about the case or suspect case:
    - Name;
    - Residential and mailing addresses;
    - County of residence;
    - ~~If~~ Whether the individual is living on a reservation and, if so, the name of the reservation;



- e. ~~Whether the individual is a member of a tribe and, if so, the name of the tribe;~~
  - e-f. ~~Telephone number and, if available, email address;~~
  - f-g. ~~Date of birth;~~
  - g-h. ~~Race and ethnicity;~~
  - h-i. ~~Gender;~~
  - i-j. ~~If known, whether the individual is pregnant;~~
  - j-k. ~~If known, whether the individual is alive or dead;~~
  - k-l. ~~If known, the individual's occupation;~~
  - l-m. ~~If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and~~
  - m-n. ~~For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number, and, if available, email address of the child's parent or guardian, if known;~~
2. The following information about the disease:
    - a. The name of the disease;
    - b. The date of onset of symptoms;
    - c. The date of diagnosis;
    - d. The date of specimen collection;
    - e. Each type of specimen collected;
    - f. Each type of laboratory test completed;
    - g. The date of the result of each laboratory test; and
    - h. A description of the laboratory test results, including quantitative values if available;
  3. If reporting a case or suspect case of tuberculosis:
    - a. The site of infection; ~~and~~
    - b. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed,
      - ii. The dosage prescribed for each drug, and
      - iii. The date of prescription for each drug; ~~and~~
    - c. ~~Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;~~
  4. If reporting a case or suspect case of chancroid, gonorrhea, ~~genital herpes infection,~~ or ~~genital chlamydia~~ *Chlamydia trachomatis* infection:
    - a. The gender of the individuals with whom the case or suspect case had sexual contact;
    - b. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed,
      - ii. The dosage prescribed for each drug, and
      - iii. The date of prescription for each drug;
    - c. The site of infection; and
    - d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
  5. If reporting a case or suspect case of syphilis:
    - a. The information required under subsection (C)(4); and
    - b. Identification of:
      - i. The stage of the disease, or
      - ii. Whether the syphilis is congenital;
  6. If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsection (C)(5) and A.R.S. § 36-694(A), the following information:
    - a. The name and date of birth of the infant's mother;
    - b. The residential address, mailing address, ~~and~~ telephone number, ~~and, if available, email address~~ of the infant's mother;
    - c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
    - d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
      - i. Whether the infant's mother received treatment for syphilis,
      - ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
      - iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;
  7. The name, address, ~~and~~ telephone number, ~~and, if available, email address~~ of the individual making the report; and
  8. The name, ~~and~~ address, ~~telephone number, and, if available, email address~~ of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(7); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- D.** ~~For each unexplained death with a history of fever, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:~~
1. ~~The following information about the deceased individual:~~
    - a. ~~Name;~~
    - b. ~~Residential address;~~
    - c. ~~Date of birth;~~
    - d. ~~Telephone number; and~~
    - e. ~~If known, medical history;~~
  2. ~~A description of the clinical course of the illness that resulted in death;~~



3. A list of the laboratory tests completed on the deceased individual and, if available, the laboratory test results, including quantitative values;
4. The suspected cause or causes of death;
5. If known, the status of the autopsy;
6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact;
7. The name, address, and telephone number of the individual making the report; and
8. The name and address of the:
  - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(7); or
  - b. Health care institution or correctional facility, if reporting under subsection (B).

**F.D.** For each outbreak for which a report is required by subsection (A) or (B) and Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:

1. A description of the signs and symptoms;
2. If possible, a diagnosis and identification of suspected sources;
3. The number of known cases and suspect cases;
4. A description of the location and setting of the outbreak;
5. The name, address, and telephone number, and, if available, email address of the individual making the report; and
6. The name, and address, telephone number, and, if available, email address of the:
  - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (E)(5) (D)(5); or
  - b. Health care institution or correctional facility, if reporting under subsection (B).

**F.E.** When an HIV-related test is ordered for an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:

1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
2. Include the following information in the report specified in subsection (F)(1) (E)(1):
  - a. The name and date of birth of the infant;
  - b. The residential address, mailing address, and telephone number of the infant;
  - c. The name and date of birth of the infant's mother;
  - d. The date of the last medical evaluation of the infant;
  - e. The types of HIV-related tests ordered for the infant;
  - f. The dates of the infant's HIV-related tests;
  - g. The results of the infant's HIV-related tests; and
  - h. The ordering health care provider's name, address, and telephone number; and
3. Include with the report specified in subsection (F)(1) (E)(1) a report for the infant's mother including the following information:
  - a. The name and date of birth of the infant's mother;
  - b. The residential address, mailing address, and telephone number of the infant's mother;
  - c. The date of the last medical evaluation of the infant's mother;
  - d. The types of HIV-related tests ordered for the infant's mother;
  - e. The dates of the HIV-related tests for the infant's mother;
  - f. The results of the HIV-related tests for the infant's mother;
  - g. What HIV-related risk factors the infant's mother has;
  - h. Whether the infant's mother delivered the infant vaginally or by C-section;
  - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
  - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.

**G.** Except as provided in Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:

1. By telephone;
2. In a document sent by fax, delivery service, or mail; or
3. Through an electronic reporting system authorized by the Department.

**Table 1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility Repealed**

<input type="checkbox"/> * <input type="radio"/> Amebiasis	<input type="checkbox"/> Hantavirus infection	<input checked="" type="radio"/> Rubella syndrome, congenital
<input checked="" type="radio"/> Anthrax	<input checked="" type="radio"/> Hemolytic uremic syndrome	<input type="checkbox"/> * <input type="radio"/> Salmonellosis
<input type="checkbox"/> Aseptic meningitis: viral	<input type="checkbox"/> * <input type="radio"/> Hepatitis A	<input type="radio"/> Scabies
<input type="checkbox"/> Basidiobolomyces	<input type="checkbox"/> Hepatitis B and D	<input checked="" type="radio"/> Severe acute respiratory syndrome
<input checked="" type="radio"/> Botulism	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> * <input type="radio"/> Shigellosis
<input checked="" type="radio"/> Brucellosis	<input type="checkbox"/> * <input type="radio"/> Hepatitis E	<input checked="" type="radio"/> Smallpox
<input type="checkbox"/> * <input type="radio"/> Campylobacteriosis	<input type="checkbox"/> Herpes genitalis	<input type="checkbox"/> Streptococcal Group A: Invasive disease
<input type="checkbox"/> Chagas disease (American trypanosomiasis)	<input type="checkbox"/> HIV infection and related disease	<input type="checkbox"/> Streptococcal Group B: Invasive disease in infants younger than 90 days of age



☐	Chaneroid	⊕	Influenza-associated mortality in a child	☐	<i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
☐	Chlamydia infection, sexually transmitted	☐	Kawasaki syndrome	☐	Syphilis
⊕*	Cholera	☐	Legionellosis (Legionnaires' disease)	☐*,⊕	Taeniasis
☐	Coccidioidomycosis (valley fever)	☐	Leptospirosis	☐	Tetanus
☐	Colorado tick fever	☎	Listeriosis	☐	Toxic shock syndrome
⊕	Conjunctivitis: acute	☐	Lyme disease	☐	Trichinosis
☐	Creutzfeldt-Jakob disease	☐	Lymphocytic choriomeningitis	⊕	Tuberculosis, active disease
☐*,⊕	Cryptosporidiosis	☐	Malaria	⊕	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☐	<i>Cyclospora</i> infection	☎	Measles (rubeola)	☎	Tularemia
☐	Cysticereosis	☎	Meningococcal invasive disease	☎	Typhoid fever
☐	Dengue	⊕	Mumps	⊕	Typhus fever
⊕	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	⊕	Vaccinia-related adverse event
☐	Ehrlichiosis and Anaplasmosis	☎	Poliomyelitis		
☎	Emerging or exotic disease	☐	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
⊕	Encephalitis, viral or parasitic	⊕	Q fever	☎	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
☎	Enterohemorrhagic <i>Escherichia coli</i>	☎	Rabies in a human	☐	Varicella (chickenpox)
☎	Enterotoxigenic <i>Escherichia coli</i>	☐	Relapsing fever (borreliosis)	☐*,⊕	<i>Vibrio</i> infection
☐*,⊕	Giardiasis	☐	Reye syndrome	☎	Viral hemorrhagic fever
☐	Gonorrhea	☐	Rocky Mountain spotted fever	☐	West Nile virus infection
☐	<i>Haemophilus influenzae</i> : invasive disease	⊕*	Rubella (German measles)	☎	Yellow fever
☐	Hansen's disease (Leprosy)			☐*,⊕	Yersiniosis

**Key:**

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
- \* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- ⊕ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- ⊕ Submit a report within 24 hours after detecting an outbreak.

**Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

☐*,⊕	<u>Amebiasis</u>	☎	<u>Glanders</u>	⊕	<u>Respiratory disease in a health care institution or correctional facility</u>
☐	<u>Anaplasmosis</u>	☐	<u>Gonorrhea</u>	⊕*	<u>Rubella (German measles)</u>
☎	<u>Anthrax</u>	⊕	<u><i>Haemophilus influenzae</i>, invasive disease</u>	⊕	<u>Rubella syndrome, congenital</u>
☐	<u>Arboviral infection</u>	☐	<u>Hansen's disease (Leprosy)</u>	⊕*,⊕	<u>Salmonellosis</u>
☐	<u>Babesiosis</u>	⊕	<u>Hantavirus infection</u>	⊕	<u>Scabies</u>
☐	<u>Basidiobolomycosis</u>	⊕	<u>Hemolytic uremic syndrome</u>	⊕*,⊕	<u>Shigellosis</u>
☎	<u>Botulism</u>	⊕*,⊕	<u>Hepatitis A</u>	☎	<u>Smallpox</u>
⊕	<u>Brucellosis</u>	☐	<u>Hepatitis B and Hepatitis D</u>	⊕	<u>Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)</u>
☐*,⊕	<u>Campylobacteriosis</u>	☐	<u>Hepatitis C</u>	☐	<u>Streptococcal group A infection, invasive disease</u>
☐	<u>Chagas infection and related disease (American trypanosomiasis)</u>	☐*,⊕	<u>Hepatitis E</u>	☐	<u>Streptococcal group B infection in an infant younger than 90 days of age, invasive disease</u>



☒	<u>Chancroid</u>	☒	<u>HIV infection and related disease</u>	☒	<u><i>Streptococcus pneumoniae</i> infection (pneumococcal invasive disease)</u>
🕒	<u>Chikungunya</u>	🕒	<u>Influenza-associated mortality in a child</u>	☒ <sup>1</sup>	<u>Syphilis</u>
☒	<u><i>Chlamydia trachomatis</i> infection</u>	🕒	<u>Legionellosis (Legionnaires' disease)</u>	☒* <sub>O</sub>	<u>Taeniasis</u>
🕒*	<u>Cholera</u>	🕒	<u>Leptospirosis</u>	☒	<u>Tetanus</u>
☒	<u>Coccidioidomycosis (Valley Fever)</u>	🕒	<u>Listeriosis</u>	☒	<u>Toxic shock syndrome</u>
☒	<u>Colorado tick fever</u>	☒	<u>Lyme disease</u>	🕒	<u>Trichinosis</u>
🕒	<u>Conjunctivitis, acute</u>	🕒	<u>Lymphocytic choriomeningitis</u>	🕒	<u>Tuberculosis, active disease</u>
☒	<u>Creutzfeldt-Jakob disease</u>	☒	<u>Malaria</u>	🕒	<u>Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)</u>
🕒* <sub>O</sub>	<u>Cryptosporidiosis</u>	☒	<u>Measles (rubeola)</u>	☒	<u>Tularemia</u>
🕒	<u><i>Cyclospora</i> infection</u>	🕒	<u>Melioidosis</u>	🕒	<u>Typhoid fever</u>
☒	<u>Cysticercosis</u>	☒	<u>Meningococcal invasive disease</u>	🕒	<u>Typhus fever</u>
🕒	<u>Dengue</u>	🕒	<u>Mumps</u>	🕒	<u>Vaccinia-related adverse event</u>
🕒	<u>Diarrhea, nausea, or vomiting</u>	☒	<u>Novel coronavirus infection (e.g., SARS or MERS)</u>	☒	<u>Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i></u>
☒	<u>Diphtheria</u>	🕒	<u>Pertussis (whooping cough)</u>	☒	<u>Varicella (chickenpox)</u>
☒	<u>Ehrlichiosis</u>	☒	<u>Plague</u>	🕒* <sub>O</sub>	<u><i>Vibrio</i> infection</u>
☒	<u>Emerging or exotic disease</u>	☒	<u>Poliomyelitis (paralytic or non-paralytic)</u>	☒	<u>Viral hemorrhagic fever</u>
☒	<u>Encephalitis, parasitic</u>	☒	<u>Psittacosis (ornithosis)</u>	☒	<u>West Nile virus infection</u>
🕒	<u>Encephalitis, viral</u>	🕒	<u>Q fever</u>	☒	<u>Yellow fever</u>
🕒	<u><i>Escherichia coli</i>, Shiga toxin-producing</u>	☒	<u>Rabies in a human</u>	🕒* <sub>O</sub>	<u>Yersiniosis (enteropathogenic <i>Yersinia</i>)</u>
☒* <sub>O</sub>	<u>Giardiasis</u>	🕒	<u>Relapsing fever (borreliosis)</u>	🕒	<u>Zika virus infection</u>

**Key:**

- ☒ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected, or an occurrence is detected.
- \* Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food handler or works in a child care establishment or a health care institution.
- <sup>1</sup> Submit a report within one working day if the case or suspect case is a pregnant woman.
- 🕒 Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☒ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- 🕒 Submit a report within 24 hours after detecting an outbreak.

**R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

- A. An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, a case, suspect case, or outbreak listed in Table 2 to the local health agency within the time limitation and as specified in Table 2.2 and as specified in subsection (B).
- B. ~~An~~ For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report by telephone that includes:
  1. The name and address of the school, child care establishment, or shelter;
  2. The number of individuals with the disease, infestation, or symptoms;
  3. The date and time that the disease or infestation was detected or that the symptoms began;
  4. The number of rooms, grades, or classes affected and the name of each;
  5. The following information about each affected individual with the disease, infestation, or symptoms:
    - a. Name;
    - b. Date of birth or age;
    - c. If the individual is a child, name and contact information for the individual's parent or guardian;
    - e-d. Residential address and telephone number; and
    - d-e. Whether the individual is a staff member, a student, a child in care, or a resident;
  6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
  7. The name, address, ~~and~~ telephone number, and, if available, email address of the individual making the report.



Table 2.2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

<input type="checkbox"/>	Campylobacteriosis	<input type="checkbox"/>	Mumps
<input type="radio"/>	Conjunctivitis, acute	<input type="checkbox"/>	Pertussis (whooping cough)
<input type="checkbox"/>	Cryptosporidiosis	<input type="checkbox"/>	Rubella (German measles)
<input type="radio"/>	Diarrhea, nausea, or vomiting	<input type="checkbox"/>	Salmonellosis
<input type="checkbox"/>	<del>Enterohemorrhagic</del> <u>Escherichia coli, Shiga toxin-producing</u>	<input type="radio"/>	Scabies
<input type="checkbox"/>	<u>Haemophilus influenzae</u> , invasive disease	<input type="checkbox"/>	Shigellosis
<input type="checkbox"/>	Hepatitis A	<input type="radio"/>	Streptococcal <del>Group</del> <u>group</u> A infection
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Varicella (chickenpox)
<input type="checkbox"/>	Meningococcal invasive disease		

**Key:**

- Submit a report within 24 hours after detecting a case or suspect case.
- Submit a report within five working days after detecting a case or suspect case.
- Submit a report within 24 hours after detecting an outbreak.

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A. Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).
- B.** For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, as available, the address, telephone number, and email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;
  7. The specimen type;
  8. The date of collection of the specimen;
  9. The type of test ordered on the specimen; and
  10. The ordering health care provider's name, address, telephone number, and, if available, email address.
- B-C.** Except as provided in Table 2.3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, if as available, the address, ~~and~~ telephone number, and email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;
  7. The specimen type;
  8. The date of collection of the specimen;
  9. The date of the result of the test;
  10. The type of test completed on the specimen;
  11. The test result, including quantitative values and reference ranges, if available applicable; and
  12. The ordering health care provider's name, address, ~~and~~ telephone number, and, if available, email address.
- C.** For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. The name and, if available, the address and telephone number of the subject;
  2. The date of birth of the subject;
  3. The gender of the subject;
  4. The laboratory identification number;
  5. The specimen type;
  6. The date of collection of the specimen;
  7. The type of test ordered on the specimen; and
  8. The ordering health care provider's name, address, and telephone number.
- D. When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative:
1. Submit a report to the Department within five working days after obtaining a positive test result; and
  2. Include in the report the following information:
    - a. The laboratory identification number of the subject;
    - b. The date of birth, gender, race, and ethnicity of the subject;
    - c. The date the specimen was collected;



- d. The type of tests completed on the specimen;
  - e. The test results, including quantitative values if available; and
  - f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.
- E.** The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3.
- F.** A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B), (C), or (D).

**Table 3. Clinical Laboratory Director Reporting Requirements Repealed**

☉	Arboviruses	☐;*	<del><i>Haemophilus influenzae</i>, other, isolated from a normally sterile site</del>	☐	<del><i>Plasmodium</i> spp.</del>
☐;☐;*	<del><i>Bacillus anthracis</i></del>	☐	<del>Hantavirus</del>	☐	<del>Respiratory syncytial virus</del>
☐;*	<del><i>Bordetella pertussis</i></del>	☐ <sup>1</sup>	<del>Hepatitis A virus (anti-HAV-IgM serologies)</del>	☐;+	<del>Rubella virus and anti-rubella-IgM serologies</del>
☉;*	<del><i>Brucella</i> spp.</del>	☐ <sup>1</sup>	<del>Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)</del>	☉;*	<del><i>Salmonella</i> spp.</del>
☉;*	<del><i>Burkholderia mallei</i> and <i>B. pseudomallei</i></del>	☐ <sup>1</sup>	<del>Hepatitis C virus</del>	☐	<del>SARS-associated corona virus</del>
☐	<del><i>Campylobacter</i> spp.</del>	☐ <sup>1</sup>	<del>Hepatitis D virus</del>	☉;*	<del><i>Shigella</i> spp.</del>
☐	<del>CD<sub>4</sub>-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD<sub>4</sub>-T-lymphocyte percentage of total lymphocytes of less than 14%</del>	☐ <sup>1</sup> ;+	<del>Hepatitis E virus (anti-HEV-IgM serologies)</del>	☐	<del><i>Streptococcus</i> Group A, isolated from a normally sterile site</del>
☐	<del><i>Chlamydia trachomatis</i></del>	☐	<del>HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)</del>	☐	<del><i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age</del>
☐;☐	<del><i>Clostridium botulinum</i> toxin (botulism)</del>	☐	<del>HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)</del>	☐;*	<del><i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site</del>
☐	<del><i>Coccidioides</i> spp., by culture or serologies</del>	☐	<del>Influenza virus</del>	☐	<del><i>Treponema pallidum</i> (syphilis)</del>
☉	<del><i>Coxiella burnetii</i></del>	☐;*	<del><i>Legionella</i> spp. (culture or DFA)</del>	☐	<del><i>Trypanosoma cruzi</i> (Chagas disease)</del>
☐	<del><i>Cryptosporidium</i> spp.</del>	☉;*	<del><i>Listeria</i> spp., isolated from a normally sterile site</del>	☐	<del>Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i></del>
☉	<del><i>Cyclospora</i> spp.</del>	☐;+	<del>Measles virus and anti-measles-IgM serologies</del>	☉;*	<del>Vancomycin-resistant <i>Staphylococcus epidermidis</i></del>
☐	<del>Dengue virus</del>	☐ <sup>2</sup>	<del>Methicillin-resistant <i>Staphylococcus aureus</i>, isolated from a normally sterile site</del>	☉;*	<del>Variola virus (smallpox)</del>
☐;☐	<del>Emerging or exotic disease agent</del>	☉;+	<del>Mumps virus and anti-mumps-IgM serologies</del>	☐;☐	<del><i>Vibrio</i> spp.</del>
☐	<del><i>Entamoeba histolytica</i></del>	☐;*	<del><i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern</del>	☐;☐	<del>Viral hemorrhagic fever agent</del>
☉	<del><i>Escherichia coli</i> O157:H7</del>	☐	<del><i>Neisseria gonorrhoeae</i></del>	☐	<del>West Nile virus</del>
☉;*	<del><i>Escherichia coli</i>, Shiga-toxin producing</del>	☐	<del><i>Neisseria meningitidis</i>, isolated from a normally sterile site</del>	☉;*	<del><i>Yersinia</i> spp. (other than <i>Y. pestis</i>)</del>
☐;☐;*	<del><i>Francisella tularensis</i></del>	☐;*	<del>Norovirus</del>	☐;☐;*	<del><i>Yersinia pestis</i> (plague)</del>
☐;*	<del><i>Haemophilus influenzae</i>, type b, isolated from a normally sterile site</del>	☐			

**Keys:**

- ☐ Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☐ Submit a report within 24 hours after obtaining a positive test result.
- ☉ Submit a report within one working day after obtaining a positive test result.
- ☐ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3.
- \* Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
- <sup>1</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
- <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
- <sup>3</sup> Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained > 12 months after the initial positive result is obtained for an individual.



**Table 2.3. Clinical Laboratory Director Reporting Requirements**

☒	<i>Anaplasma</i> spp.	☒, ☑, *	<i>Francisella tularensis</i>	☒	<i>Plasmodium</i> spp.
☑, * <sup>4</sup>	Arboviruses	☑, * <sup>4,5</sup>	<i>Haemophilus influenzae</i> , from a normally sterile site	☑, *	Rabies virus from a human
☒	<i>Babesia</i> spp.	☑	Hantavirus	☑, * <sup>4</sup>	Rabies virus from an animal
☒, ☒, *	<i>Bacillus anthracis</i>	☑ <sup>1</sup>	Hepatitis A virus (anti-HAV-IgM serologies, detection of viral nucleic acid, or genetic sequencing)	☒	Respiratory syncytial virus
☑, * <sup>4</sup>	<i>Bordetella pertussis</i>	☒ <sup>1</sup>	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, detection of viral nucleic acid, or genetic sequencing)	☑, * <sup>4</sup>	<i>Rickettsia</i> spp. – any test result
☑, *	<i>Brucella</i> spp.	☒ <sup>1</sup>	Hepatitis C virus	☑ <sup>1</sup> , *	Rubella virus and anti-rubella-IgM serologies
☑, *	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒ <sup>1</sup>	Hepatitis D virus	☑, *	<i>Salmonella</i> spp.
☒, * <sup>4</sup>	<i>Campylobacter</i> spp.	☒ <sup>1</sup> , * <sup>4</sup>	Hepatitis E virus	☑, * <sup>4</sup>	<i>Shigella</i> spp.
☒, * <sup>4</sup>	Carbapenem-resistant Enterobacteriaceae (CRE)	☒	HIV—any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), except from a negative screening test	☒, * <sup>4</sup>	<i>Streptococcus</i> group A, from a normally sterile site
☒	CD <sub>4</sub> -T-lymphocyte count	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)	☒	<i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
☑, * <sup>4</sup>	Chikungunya virus	☒, * <sup>4</sup>	Influenza virus	☒, * <sup>4</sup>	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	☑, +	<i>Legionella</i> spp. (excluding single serological results)	☒ <sup>1</sup>	<i>Treponema pallidum</i> (syphilis) or rapid plasma reagin
☒	<i>Chlamydia psittaci</i> / <i>Chlamydia psittaci</i>	☑	<i>Leptospira</i> spp.	☒	<i>Trypanosoma cruzi</i> (Chagas disease)
☒, ☒	<i>Clostridium botulinum</i> toxin (botulism)	☑	<i>Lymphocytic choriomeningitis</i> virus	☑, *	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒, * <sup>4</sup>	<i>Coccidioides</i> spp.	☑, *	<i>Listeria</i> spp., from a normally sterile site	☒, ☒, *	Variola virus (smallpox)
☑	<i>Coxiella burnetii</i>	☒ <sup>1</sup> , *	Measles virus and anti-measles-IgM serologies	☑, *	<i>Vibrio</i> spp.
☑	<i>Cryptosporidium</i> spp.	☒ <sup>2</sup>	Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	☒, ☒, *	Viral hemorrhagic fever agent
☑	<i>Cyclospora</i> spp.	☑ <sup>1</sup> , *	Mumps virus and anti-mumps-IgM serologies	☒	West Nile virus
☑, * <sup>4</sup>	Dengue virus	☑, * <sup>3</sup>	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	☒, *	Yellow fever virus
☒	<i>Ehrlichia</i> spp.	☒, * <sup>4</sup>	<i>Neisseria gonorrhoeae</i> and, if performed, the drug sensitivity pattern	☒, ☒, *	<i>Yersinia pestis</i> (plague)
☒, ☒	Emerging or exotic disease agent	☒, *	<i>Neisseria meningitidis</i> , from a normally sterile site	☑, *	<i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
☒	<i>Entamoeba histolytica</i>	☑	Norovirus	☑, *	Zika virus
☑, *	<i>Escherichia coli</i> , <i>Shiga</i> toxin-producing	☒	Novel coronavirus infection (e.g., SARS or MERS)		

**Key:**

- ☒ Submit a report immediately after receiving one specimen for detection of the agent. Report the receipt of subsequent specimens within five working days after receipt.
  - ☒ Submit a report within 24 hours after obtaining a positive test result.
  - ☑ Submit a report within one working day after obtaining a positive test result.
  - ☒ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 2.3.
  - \* Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
  - + Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.
- When appearing after one of the symbols above, the following modify the requirement:
- <sup>1</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel or as a reflex test.
  - <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
  - <sup>3</sup> Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.
  - <sup>4</sup> Submit an isolate or specimen, as applicable, only by request.



<sup>5</sup> Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual < 5 years of age.

**R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy**

- A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
1. Isoniazid,
  2. Streptomycin,
  3. Any rifamycin,
  4. Pyrazinamide, or
  5. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) ~~by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department~~ and shall include in the report that includes:
1. The following information about the individual for whom the drugs are prescribed:
    - a. Name,
    - b. Address,
    - c. Telephone number, and
    - d. Date of birth; and
  2. The following information about the prescription:
    - a. The name of the drugs prescribed,
    - b. The date of prescription, and
    - c. The name and telephone number of the prescribing health care provider.

**R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports**

- A. The Department shall ~~supply~~ notify each local health agency ~~with forms of the format~~ to be used by:
1. A health care provider required to report when making a ~~written~~ report required under R9-6-202(A) and Table 4 2.1;
  2. An administrator of a health care institution or correctional facility when making a ~~written~~ report required under R9-6-202(B) and Table 4 2.1; and
  3. An administrator of a school, child care establishment, or shelter when making a ~~written~~ report required under R9-6-203(A) and Table 2 2.2.
- B. A local health agency shall ~~distribute copies of the Department-provided forms specified in subsection (A) as needed to inform~~ health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).
- C. Except as specified in Table 4 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:
1. Which of the following best describes the individual identified in each report:
    - a. The individual meets the case definition for a case of the specific disease,
    - b. The individual is a suspect case,
    - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
    - d. The local health agency has not yet determined the status of the disease in the individual; and
  2. The status of the epidemiologic investigation for each report.
- D. Except as specified in Table 4 2.4 and Article 3, a local health agency shall submit to the Department a ~~written or electronic~~ report, in a ~~format specified by the Department~~ Department-provided format, of an epidemiologic investigation conducted by the local health agency:
1. In response to a report of a case, suspect case, or occurrence:
    - a. Submitted under R9-6-202 or R9-6-203, or
    - b. About which the local health agency was notified by the Department;
  2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
  3. If an epidemiologic investigation is required for the reported disease under Article 3; and
  4. Including in the report of the epidemiologic investigation:
    - a. The information described in:
      - i. R9-6-202(C) for a report submitted under R9-6-202,
      - ii. R9-6-203(B) for a report submitted under R9-6-203, or
      - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
    - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
    - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
    - d. A classification of the case according to the case definition;
    - e. A description of the condition or status of the case at the end of the epidemiologic investigation;



- f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
- g. A description of how the local health agency provided or arranged for the case to receive health education about the nature of the disease and how to prevent transmission or limit disease progression;
- h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
- i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
- j. The date the report of the case, suspect case, or occurrence was submitted or the Department notified the local health agency.

~~E.~~ For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:

- ~~1. Within one working day after receiving a report of unexplained death with a history of fever, submit to the Department in a format specified by the Department:~~
  - ~~a. The following information about the deceased individual:~~
    - ~~i. Name;~~
    - ~~ii. Residential address;~~
    - ~~iii. Date of birth;~~
    - ~~iv. Race and ethnicity;~~
    - ~~v. County of residence;~~
    - ~~vi. If the individual was living on a reservation at the time of the individual's death, the name of the reservation;~~
    - ~~vii. Gender;~~
    - ~~viii. Whether the individual was pregnant and, if so, the result of the pregnancy; and~~
    - ~~ix. Occupation;~~
  - ~~b. The date of onset of symptoms;~~
  - ~~c. The approximate date and time of death;~~
  - ~~d. A description of the setting where the death occurred and of the circumstances leading up to the time of death;~~
  - ~~e. The name, residential address, and telephone number of a family member of the deceased individual who may be contacted;~~
  - ~~f. The name, address, and telephone number of the individual making the report to the local health agency; and~~
  - ~~g. The name and address of the:~~
    - ~~i. Health care provider required to report, if:
 
      - ~~(1) The unexplained death with a history of fever was reported to the local health agency under R9-6-202(A), and~~
      - ~~(2) The health care provider is different from the individual specified in subsection (E)(1)(f); or~~~~
    - ~~ii. Health care institution or correctional facility, if the unexplained death with a history of fever was reported to the local health agency under R9-6-202(B); and~~
- ~~2. Within 30 calendar days after receiving the report of unexplained death with a history of fever, submit to the Department a written or electronic report of the epidemiologic investigation required under Article 3, in a format provided by the Department, including:~~
  - ~~a. The name and date of birth of the deceased individual;~~
  - ~~b. The date of each specimen collection;~~
  - ~~c. Identification of each type of specimen collected;~~
  - ~~d. Identification of each type of laboratory test completed;~~
  - ~~e. A description of the laboratory test results, including quantitative results if available;~~
  - ~~f. If an autopsy was completed, the autopsy results;~~
  - ~~g. A hypothesis or conclusion as to the cause of death; and~~
  - ~~h. Specific recommendations for preventing future deaths, if applicable.~~

~~F.~~ Except as specified in Table 4 and Article 3, for ~~For~~ each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:

- ~~1. Within one working day 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:~~
  - ~~a. The location of the outbreak or possible outbreak;~~
  - ~~b. If known, the number of cases and suspect cases;~~
  - ~~c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;~~
  - ~~d. The setting of the outbreak or possible outbreak;~~
  - ~~e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and~~
  - ~~f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and~~
- ~~2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a written or electronic report, in a Department-provided format, specified by the Department, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:~~
  - ~~a. A description of the outbreak location and setting;~~
  - ~~b. The date that the local health agency was notified of the outbreak;~~
  - ~~c. A description of how the local health agency verified the outbreak;~~
  - ~~d. The number of individuals reported to be ill during the outbreak;~~
  - ~~e. The number of individuals estimated to be at risk for illness as a result of the outbreak;~~
  - ~~f. The specific case definition used;~~
  - ~~g. A summary profile of the signs and symptoms;~~



- h. An epidemiologic curve;
- i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
- j. Hypotheses of how the outbreak occurred;
- k. A description of the control measures used and the dates the control measures were implemented;
- l. The conclusions drawn based upon the results of the epidemiologic investigation;
- m. Recommendations for preventing future outbreaks; and
- n. The name, address, and telephone number of the individual making the report to the Department.

**Table 4. Local Health Agency Reporting Requirements Repealed**

<b>HH</b>	Amebiasis	<b>HH</b>	Hantavirus infection	<b>HH</b>	Rocky Mountain spotted fever
<b>☎,HH,*</b>	Anthrax	<b>HH</b>	Hemolytic uremic syndrome	<b>☎,HH,S</b>	Rubella (German measles)
<b>⊕-HH</b>	Aseptic meningitis, viral	<b>HH</b>	Hepatitis A	<b>☎,HH,S</b>	Rubella syndrome, congenital
<b>☎</b>	Basidiobolomyces	<b>HH</b>	Hepatitis B and Hepatitis D	<b>HH</b>	Salmonellosis
<b>☎,HH,S</b>	Botulism	<b>HH</b>	Hepatitis C	<b>⊕-☎</b>	Seabies
<b>HH,*</b>	Brucellosis	<b>HH</b>	Hepatitis E	<b>☎,HH</b>	Severe acute respiratory syndrome
<b>HH</b>	Campylobacteriosis	<b>None</b>	Herpes genitalis	<b>HH</b>	Shigellosis
<b>HH</b>	Chagas infection and related disease (American Trypanosomiasis)	<b>HH</b>	Human Immunodeficiency Virus (HIV) infection and related disease	<b>☎,HH</b>	Smallpox
<b>HH</b>	Chaneroid ( <i>Haemophilus ducreyi</i> )	<b>HH</b>	Influenza-associated mortality in a child	<b>⊕-HH</b>	Streptococcal Group A infection
<b>5-day only</b>	Chlamydia infection, sexually transmitted	<b>☎</b>	Kawasaki syndrome	<b>HH</b>	Streptococcal Group B infection in an infant younger than 90 days of age
<b>⊕,HH</b>	Cholera	<b>HH</b>	Legionellosis (Legionnaires' disease)	<b>☎</b>	<i>Streptococcus pneumoniae</i> infection
<b>⊕-HH</b>	Coccidioidomycosis (Valley Fever)	<b>HH</b>	Leptospirosis	<b>HH,⊕-HH</b>	Syphilis
<b>HH</b>	Colorado tick fever	<b>HH,*</b>	Listeriosis	<b>HH</b>	Taeniasis
<b>⊕-☎</b>	Conjunctivitis: acute	<b>HH</b>	Lyme disease	<b>HH</b>	Tetanus
<b>☎</b>	Creutzfeldt-Jakob disease	<b>HH</b>	Lymphocytic choriomeningitis	<b>HH</b>	Toxic shock syndrome
<b>HH</b>	Cryptosporidiosis	<b>HH</b>	Malaria	<b>HH</b>	Trichinosis
<b>HH</b>	<i>Cyclospora</i> infection	<b>☎,HH,S</b>	Measles (rubeola)	<b>HH,*</b>	Tuberculosis
<b>☎</b>	Cysticereosis	<b>HH,*</b>	Melioidosis	<b>☎,HH,*</b>	Tularemia
<b>HH</b>	Dengue	<b>☎,HH,*</b>	Meningococcal invasive disease	<b>HH</b>	Typhoid fever
<b>⊕-HH</b>	Diarrhea, nausea, or vomiting	<b>☎,HH,S</b>	Mumps	<b>HH</b>	Typhus fever
<b>☎,HH</b>	Diphtheria	<b>⊕-HH</b>	Norovirus	<b>⊕,HH</b>	Unexplained death with a history of fever
<b>HH</b>	Ehrlichiosis (Ehrlichiosis and Anaplasmosis)	<b>5-day only</b>	Pediculosis (lice infestation)	<b>HH</b>	Vaccinia-related adverse event
<b>☎,HH</b>	Emerging or exotic disease	<b>HH</b>	Pertussis (whooping cough)	<b>☎,HH,*</b>	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
<b>⊕,HH</b>	Encephalitis: viral or parasitic	<b>☎,HH,*</b>	Plague	<b>⊕,HH,*</b>	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
<b>HH</b>	Enterohemorrhagic <i>Escherichia coli</i>	<b>☎,HH,S</b>	Poliomyelitis	<b>☎</b>	Varicella (chickenpox)
<b>HH</b>	Enterotoxigenic <i>Escherichia coli</i>	<b>HH</b>	Psittacosis (ornithosis)	<b>HH</b>	<i>Vibrio</i> infection
<b>⊕-HH</b>	Giardiasis	<b>⊕,HH</b>	Q-Fever	<b>☎,HH,S</b>	Viral hemorrhagic fever
<b>5-day only</b>	Gonorrhea	<b>☎,HH</b>	Rabies in a human	<b>HH</b>	West Nile virus-related syndromes
<b>HH</b>	<i>Haemophilus influenzae</i> : invasive disease	<b>HH</b>	Relapsing fever (borreliosis)	<b>⊕,HH</b>	Yellow fever
<b>☎</b>	Hansen's disease (Leprosy)	<b>☎</b>	Reye syndrome	<b>⊕,HH,*</b>	Yersiniosis (enteropathogenic <i>Yersinia</i> )

Unless otherwise specified, notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.

**Keys:**

- ☎** Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ⊕** Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- HH** Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- ☎** Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.



- \* Ensure that an isolate from a case is submitted to the Arizona State Laboratory.
- S Ensure that specimens from a case, as specified by the Department, are submitted to the Arizona State Laboratory.
- ⊕ Submit a report after conducting an epidemiological investigation of an outbreak.

Table 2.4. Local Health Agency Reporting Requirements

☒ →	Amebiasis	☒	Gonorrhea	Ⓜ → *	Rubella (German measles)
☒ →	Anaplasmosis	Ⓜ →	<i>Haemophilus influenzae</i> invasive disease	☒ → *	Rubella syndrome, congenital
☒ → *	Anthrax	☒ →	Hansen's disease (Leprosy)	Ⓜ →	Salmonellosis
☒ →	Arboviral infection	Ⓜ →	Hantavirus infection	Ⓜ →	Shigellosis
☒ →	Babesiosis	Ⓜ →	Hemolytic uremic syndrome	☒ → *	Smallpox
☒ →	Basidiobolomycosis	Ⓜ →	Hepatitis A	Ⓜ →	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒ → *	Botulism	☒ →	Hepatitis B and Hepatitis D	☒	Streptococcal group A infection, invasive disease
☒ → *	Brucellosis	☒ →	Hepatitis E	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒ →	Campylobacteriosis	☒ →	HIV infection and related disease	☒	<i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)
☒ →	Chagas infection and related disease (American Trypanosomiasis)	Ⓜ →	Influenza-associated mortality in a child	☒ →	Syphilis
☒ →	Chancroid ( <i>Haemophilus ducreyi</i> )	Ⓜ →	Legionellosis (Legionnaires' disease)	☒ →	Taeniasis
☒ →	Chikungunya	Ⓜ →	Leptospirosis	☒ →	Tetanus
☒	<i>Chlamydia trachomatis</i> infection	Ⓜ → *	Listeriosis	☒ →	Toxic shock syndrome
Ⓜ →	Cholera	☒ →	Lyme disease	Ⓜ →	Trichinosis
☒	Coccidioidomycosis (Valley Fever)	Ⓜ →	Lymphocytic choriomeningitis	Ⓜ → *	Tuberculosis, active disease
☒ →	Colorado tick fever	☒ →	Malaria	Ⓜ →	Tuberculosis latent infection in a child five years of age or younger (positive screening test result)
☒ →	Creutzfeldt-Jakob disease	☒ → *	Measles (rubeola)		
☒ →	Cryptosporidiosis	Ⓜ → *	Melioidosis	☒ → *	Tularemia
☒ →	<i>Cyclospora</i> infection	☒ → *	Meningococcal invasive disease	Ⓜ →	Typhoid fever
☒ →	Cysticercosis	Ⓜ → *	Mumps	Ⓜ →	Typhus fever
Ⓜ →	Dengue	☒ →	Novel coronavirus (e.g., SARS or MERS)	Ⓜ →	Vaccinia-related adverse event
☒ →	Diphtheria	Ⓜ →	Pertussis (whooping cough)	Ⓜ → *	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒ →	Ehrlichiosis	☒ → *	Plague	☒ → 1	Varicella (chickenpox)
☒ →	Emerging or exotic disease	☒ → *	Poliomyelitis (paralytic or non-paralytic)	Ⓜ →	<i>Vibrio</i> infection
☒ →	Encephalitis, parasitic	☒ →	Psittacosis (ornithosis)	☒ → *	Viral hemorrhagic fever
Ⓜ →	Encephalitis, viral	Ⓜ →	Q Fever	☒ →	West Nile virus infection
Ⓜ →	<i>Escherichia coli</i> , Shiga toxin-producing	☒ → *	Rabies in a human	☒ → *	Yellow fever
☒ →	Giardiasis	Ⓜ →	Relapsing fever (borreliosis)	Ⓜ → *	Yersiniosis (enteropathogenic <i>Yersinia</i> )
Ⓜ → *	Glanders			Ⓜ → *	Zika virus infection

Key:

- ☒ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- Ⓜ Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- ☒ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203
- Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- \* Ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.
- 1 Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

**R9-6-207. Federal or Tribal Entity Reporting**

- A. To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:
1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for a health care provider;
  2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a health care institution;
  3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a correctional facility;
  4. ~~If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a child care establishment;~~
  5. ~~If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a school;~~
  - 4-6. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements in R9-6-204 and Table 2.3 for a clinical laboratory director; and
  - 5-7. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements in R9-6-205 for an administrator of a pharmacy;
  6. ~~If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a child care establishment; and~~
  7. ~~If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements for an administrator of a school.~~
- B. For the purposes of this Section, "federal or tribal entity" means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:
1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
  2. Licensed as a physician assistant under the laws of this or another state;
  3. Licensed as a registered nurse practitioner under the laws of this or another state;
  4. Licensed as a dentist under the laws of this or another state;
  5. Operating a facility that provides health care services;
  6. Operating a correctional facility;
  7. Operating a facility that provides child care services;
  8. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001;
  - 7-9. Operating a clinical laboratory; or
  - 8-10. Operating a facility that provides pharmacy services;
  9. ~~Operating a facility that provides child care services; or~~
  10. ~~Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001.~~

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS****R9-6-301. Definitions**

In this Article, unless otherwise specified:

1. "Aquatic venue" means an artificially constructed structure or modified natural structure that:
  - a. Is used:
    - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
    - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
  - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
  - c. Includes a:
    - i. Natural bathing place as defined in A.A.C. R18-5-201,
    - ii. Public spa as defined in A.A.C. R18-5-201,
    - iii. Public swimming pool as defined in A.A.C. R18-5-201,
    - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201,
    - v. Semi-public spa as defined in A.A.C. R18-5-201,
    - vi. Semi-public swimming pool as defined in A.A.C. R18-5-201, and
    - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
- 1-2. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.



- 2-3. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
- 3-4. "Contact precautions" means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual's bed from the bed of another individual; and
  - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
- 4-5. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
- 5-6. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
- 6-7. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
- 7-8. "Droplet precautions" means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual's bed from the bed of another individual;
  - b. Ensuring that the individual wears a mask covering the individual's mouth and nose, if medically appropriate, when not in the room described in subsection ~~(7)(a)~~ (8)(a); and
  - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
- 8-9. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
- 9-10. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
- 11. "Isolation precautions" means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
  - a. Standard precautions.
  - b. Contact precautions.
  - c. Droplet precautions, or
  - d. Airborne precautions.
- 10-12. "Midwife" has the same meaning as in A.R.S. § 36-751.
- 13. "Multi-drug-resistant organism" means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
- 14-14. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
- 12-15. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
- 13-16. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
- 14-17. "State health officer" means the Director of the Department or the Director's designee.
- 18. "Vector" means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

**R9-6-302. Local Health Agency Control Measures**

A local health agency shall:

- 1. Review each report received under Article 2 for completeness and accuracy;
- 2. Confirm each diagnosis;
- 3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department;
- 4. Facilitate notification of known contacts;
- 5. Conduct surveillance;
- 6. Determine trends;
- 7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
- 8. Disseminate surveillance information to health care providers;
- 9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
- 10. Report to the Department, as specified in R9-6-206 and this Article.

**R9-6-303. Isolation, and Quarantine, Exclusion, and Other Control Measures**

A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:

- 1. Shall issue a written order:
  - a. For isolation or quarantine and other control measures;
  - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
  - c. That specifies:
    - i. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
    - ii. The identity of each individual or group of individuals subject to the order;
    - iii. The premises at which each individual or group of individuals is to be isolated or quarantined;
    - iv. The date and time at which isolation or quarantine and other control measure requirements begin; and



- v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
  - d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
2. May post the written order in a conspicuous place at the premises at which a group of individuals is to be isolated or quarantined if:
- a. The written order applies to the group of individuals, and
  - b. It would be impractical to provide a copy to each individual in the group.
- B.** A local health agency may issue a written order for additional control measures:
1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
  2. That specifies:
    - a. The control measure requirements being imposed, including, if applicable, requirements for:
      - i. Being excluded from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment;
      - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
      - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
      - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
      - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
      - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
    - b. The identity of each individual, group of individuals, or person subject to the order;
    - c. The date and time at which the control measure requirements begin; and
    - d. The justification for the control measure requirements, including:
      - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
      - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
  3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.
- B-C.** Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
1. Authorizes the continuation of isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements pertaining to an individual, ~~or~~ a group of individuals, or a person;
  2. Includes the following:
    - a. The isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
    - b. The identity of each individual, ~~or~~ group of individuals, ~~or~~ person subject to isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements;
    - c. If applicable, the ~~The~~ premises at which each individual or group of individuals is isolated or quarantined;
    - d. The date and time at which isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements began; and
    - e. The justification for isolation, ~~or~~ quarantine, ~~or~~ and other control measure requirements, including, if applicable and known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
  3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- C-D.** A local health agency that files a petition for a court order under subsection ~~(B)~~ (C) shall provide notice to each individual, ~~or~~ group of individuals, ~~or~~ person identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.
- D-E.** In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- E.** If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(G), may take any of the actions specified in subsections (A) through (E).

#### **R9-6-304. Food Establishment Control Measures**

The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or as ordered by a local health agency or the Department.

#### **R9-6-305. Control Measures for Multi-drug-resistant Organisms**

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is infected with a multi-drug-resistant organism.
2. An administrator of the correctional facility transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally



or through a representative, ensure that the receiving correctional facility or health care institution is informed that the individual is infected with a multi-drug-resistant organism.

**~~R9-6-305~~R9-6-306. Amebiasis**

Case control measures: A local health agency shall:

1. Exclude an amebiasis case or suspect case with diarrhea from:
    - a. ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
      - i. Either:
        - a-(1) Treatment with an amebicide is initiated, and
        - b-(2) ~~Two successive stool specimens~~ A stool specimen negative for amoebae are is obtained from specimens collected at least 24 hours apart the amebiasis case or suspect case; or
      - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and
    - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case; and
3. For each amebiasis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-307~~ Aseptic Meningitis**

Outbreak control measures: A local health agency shall:

1. ~~Conduct an epidemiologic investigation of each reported outbreak of aseptic meningitis; and~~
2. ~~For each outbreak of aseptic meningitis, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).~~

**~~R9-6-307~~ Anaplasmosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported anaplasmosis case or suspect case; and
2. For each anaplasmosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**~~R9-6-306~~R9-6-308. Anthrax**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
3. For each anthrax case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects ~~sterilization by dry heating or incineration of objects~~ contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

**~~R9-6-309~~ Arboviral Infection**

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect case;
2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
3. Ensure that each arboviral infection case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each arboviral infection case or suspect case and implement vector control measures as necessary.

**~~R9-6-310~~ Babesiosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported babesiosis case or suspect case; and
2. For each babesiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**~~R9-6-308~~R9-6-311. Basidiobolomycosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case; and
2. For each basidiobolomycosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-309~~R9-6-312. Botulism**

A. Case control measures: A local health agency shall:



1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
  3. For each botulism case or suspect case:
    - a. Submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); ~~and~~
    - b. Ensure that ~~a specimen~~ one or more specimens from each botulism case ~~or suspect case is~~ are submitted to the Arizona State Laboratory; ~~and~~
    - e. ~~In consultation with the Department, determine if treatment of the botulism case is required.~~
- B. Environmental control measures:** An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
  2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

~~R9-6-310~~**R9-6-313. Brucellosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
2. For each brucellosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
3. Ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

~~R9-6-311~~**R9-6-314. Campylobacteriosis**

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
  - a. ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. ~~A culture stool specimen~~ A culture stool specimen negative for *Campylobacter* spp. is obtained from ~~a stool specimen~~ the campylobacteriosis case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. ~~Diarrhea has resolved;~~
    - b. Using an aquatic venue until diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
3. For each campylobacteriosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**R9-6-315. Carbapenem-resistant Enterobacteriaceae**

**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
  - b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
  - b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall:
  - a. Ensure that a case or carrier of carbapenem-resistant enterobacteriaceae is isolated as necessary to prevent transmission; and
  - b. Upon request, ensure that an isolate or a specimen, as available, from each case or carrier of carbapenem-resistant enterobacteriaceae is submitted to the Arizona State Laboratory.

**B. Outbreak control measures:** A local health agency shall:

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae; and
2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae, submit to the Department the information required under R9-6-206(E).

~~R9-6-312~~**R9-6-316. Chagas Infection and Related Disease (American Trypanosomiasis)**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
  - a. Submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
    - i. The treatment options for Chagas infection or disease,



- ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
- iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

**~~R9-6-313~~R9-6-317. Chancroid (*Haemophilus ducreyi*)**

- A. Case control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
  2. For each chancroid case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B. Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

**~~R9-6-318.~~ Chikungunya**

- A. Case control measures: A local health agency shall:
  1. Upon receiving a report under R9-6-202 of a chikungunya case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported chikungunya case or suspect case;
  3. For each chikungunya case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  4. Ensure that each chikungunya case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chikungunya case or suspect case and implement vector control measures as necessary.

**~~R9-6-314~~R9-6-319. Chlamydia *Chlamydia trachomatis* Infection, Sexually Transmitted**

- A. Case control measures:
  1. ~~The Department shall review each chlamydia infection case report for completeness, accuracy, and need for follow-up.~~
  2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a ~~chlamydia~~ *Chlamydia trachomatis* infection case that seeks treatment from the local health agency.
- B. Contact control measures: If an individual who may have been exposed to chlamydia through sexual contact with a ~~chlamydia~~ *Chlamydia trachomatis* infection case seeks treatment for symptoms of chlamydia infection from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**~~R9-6-315~~R9-6-320. Cholera**

- A. Case control measures: A local health agency shall:
  1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Exclude a cholera case or suspect case from:
    - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until ~~two successive cultures a stool specimen~~ negative for *Vibrio cholerae* toxigenic *Vibrio cholerae* are is obtained from stool specimens collected at least 24 hours apart and the cholera case or suspect case at least 48 hours after discontinuing antibiotics; and
    - b. Using an aquatic venue until diarrhea has resolved;
  3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and
  4. For each cholera case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

**~~R9-6-321.~~ *Clostridium difficile***

- Case control measures:
  1. A diagnosing health care provider or an administrator of a health care institution transferring a known *Clostridium difficile* case with active infection and diarrhea to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known *Clostridium difficile* case.
  2. If a known *Clostridium difficile* case with active infection and diarrhea is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known *Clostridium difficile* case.

**~~R9-6-316~~R9-6-322. Coccidioidomycosis (Valley Fever)**

- Outbreak control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis; and
  2. For each outbreak of coccidioidomycosis, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-202(E)~~ R9-6-206(E).

**~~R9-6-317~~R9-6-323. Colorado Tick Fever**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case; and
2. For each Colorado tick fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-318~~R9-6-324. Conjunctivitis: Acute**

A. Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

B. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak; and
2. For each conjunctivitis outbreak, submit to the Department, ~~as specified in Article 2, Table 4~~, the information required under ~~R9-6-206(F)~~ R9-6-206(E).

**~~R9-6-319~~R9-6-325. Creutzfeldt-Jakob Disease**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case; and
2. For each Creutzfeldt-Jakob disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-320~~R9-6-326. Cryptosporidiosis**

A. Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
  - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved.
2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
3. For each cryptosporidiosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of cryptosporidiosis.

**~~R9-6-321~~R9-6-327. Cyclospora Infection**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case; and
2. For each *Cyclospora* infection case submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-322~~R9-6-328. Cysticercosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported cysticercosis case or suspect case; and
2. For each cysticercosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-323~~R9-6-329. Dengue**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a dengue case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported dengue case or suspect case; and
- ~~2.3.~~ For each dengue case, submit to the Department, as specified in Article 2, Table 4 2.4, the information required under R9-6-206(D); and
4. Ensure that each dengue case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each dengue case or suspect case and implement vector control measures as necessary.

**~~R9-6-330. Expired~~****~~R9-6-324~~R9-6-330. Diarrhea, Nausea, or Vomiting**

~~A.~~ Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with an outbreak of diarrhea, nausea, or vomiting.

~~B.~~ A. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
2. Submit to the Department, ~~as specified in Article 2, Table 4~~, the information required under ~~R9-6-206(F)~~ R9-6-206(E) for:
  - ~~a.~~ Each suspected foodborne illness outbreak;
  - ~~b.~~ Each suspected waterborne illness outbreak; and



- e. ~~Each outbreak of viral gastroenteritis; and~~
- 3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea and vomiting have resolved, or
    - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved.
- B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of diarrhea, nausea, or vomiting.

**~~R9-6-325~~R9-6-331. Diphtheria**

- A. Case control measures:
  - 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
    - a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until:
      - i. ~~Two two~~ Two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; ~~or~~
      - ii. ~~Fourteen calendar days after initiation of treatment;~~ and
    - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until:
      - i. ~~Two two~~ Two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; ~~or~~
      - ii. ~~Fourteen calendar days after initiation of treatment.~~
  - 2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
    - c. For each diphtheria case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall:
  - 1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
  - 2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
  - 3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
  - 4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series ~~and treatment~~.

**~~R9-6-326~~R9-6-332. Ehrlichiosis (Ehrlichiosis and Anaplasmosis)**

- Case control measures: A local health agency shall:
  - 1. Conduct an epidemiologic investigation of each reported ehrlichiosis ~~or anaplasmosis~~ case or suspect case; and
  - 2. For each ehrlichiosis ~~or anaplasmosis~~ case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-327~~R9-6-333. Emerging or Exotic Disease**

- A. Case control measures: A local health agency shall:
  - 1. Upon receiving a report under R9-6-202 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - 2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
  - 3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
  - 4. For each emerging or exotic disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine or exclude an emerging or exotic disease contact as necessary, according to R9-6-303, to prevent transmission.

**~~R9-6-328~~R9-6-334. Encephalitis, Viral or Parasitic**

- Case control measures: A local health agency shall:
  - ~~1. Upon receiving a report under R9-6-202 of a viral or parasitic encephalitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
  - 1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
    - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
    - b. For a case or suspect case of viral encephalitis, within one working day after receiving the report and provide to the Department the information contained in the report;
  - 2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and



3. For each encephalitis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-329~~R9-6-335. Enterohemorrhagic *Escherichia coli*, Shiga Toxin-producing**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2. Exclude an enterohemorrhagic a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:~~
  - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - a.i. ~~Two successive cultures stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for enterohemorrhagic Shiga toxin-producing *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics; or~~
    - b.ii. Diarrhea has resolved; or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;
- ~~2.3. Conduct an epidemiologic investigation of each reported enterohemorrhagic Shiga toxin-producing *Escherichia coli* case or suspect case; and~~
- ~~3.4. For each enterohemorrhagic Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Article 2, Table 4 2.4, the information required under R9-6-206(D).~~

~~B. Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~

~~C.B. Environmental control measures: A local health agency shall:~~

1. If an animal located in a private residence is suspected to be the source of infection for ~~an enterohemorrhagic a Shiga toxin-producing *Escherichia coli* case or outbreak~~, provide health education for the animal's owner about ~~enterohemorrhagic Shiga toxin-producing *Escherichia coli*~~ and the risks of becoming infected with ~~enterohemorrhagic Shiga toxin-producing *Escherichia coli*~~; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for ~~an enterohemorrhagic a Shiga toxin-producing *Escherichia coli* case or outbreak~~:
  - a. Provide health education for the animal's owner about ~~enterohemorrhagic Shiga toxin-producing *Escherichia coli*~~ and the risks of becoming infected with ~~enterohemorrhagic Shiga toxin-producing *Escherichia coli*~~, and
  - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about ~~enterohemorrhagic Shiga toxin-producing *Escherichia coli*~~ and methods to reduce the risk of transmission.

**~~R9-6-331~~R9-6-336. Giardiasis**

~~A. Case control measures: A local health agency shall exclude a giardiasis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~

1. ~~Two successive stool specimens negative for *Giardia lamblia* are obtained from specimens collected from the case at least 24 hours apart; or~~
2. ~~Treatment for giardiasis is initiated and diarrhea has resolved.~~

~~B. Contact control measures: A local health agency shall exclude a giardiasis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~

~~C. Outbreak control measures: A local health agency shall:~~

1. ~~Conduct an epidemiologic investigation of each reported giardiasis outbreak;~~
2. ~~For each giardiasis case involved in an outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and~~
3. ~~For each giardiasis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).~~

~~Case control measures: A local health agency shall:~~

1. ~~Exclude a giardiasis case or suspect case with diarrhea from:~~
  - a. ~~Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
    - i. ~~Treatment for giardiasis is initiated and diarrhea has resolved; or~~
    - ii. ~~The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and~~
  - b. ~~Using an aquatic venue for two weeks after diarrhea has resolved;~~
2. ~~Conduct an epidemiologic investigation of each reported giardiasis case or suspect case; and~~
3. ~~For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).~~

**~~R9-6-337. Glanders~~**

~~Case control measures: A local health agency shall:~~

1. ~~Upon receiving a report under R9-6-202 of a glanders case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
2. ~~Conduct an epidemiologic investigation of each reported glanders case or suspect case;~~



- 3. For each glanders case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 4. Ensure that an isolate or a specimen, as available, from each glanders case or suspect case is submitted to the Arizona State Laboratory.

**~~R9-6-332~~, R9-6-338. Gonorrhea**

- A. Case control measures:
  - ~~1. The Department shall review each gonorrhea case report for completeness, accuracy, and need for follow-up.~~
  - ~~2-1.~~ For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
    - a. Erythromycin ophthalmic ointment 0.5%, or
    - b. Tetracycline ophthalmic ointment 1%.
  - ~~3-2.~~ A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.
- B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for symptoms of gonorrhea from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**~~R9-6-333~~, R9-6-339. *Haemophilus influenzae*: Invasive Disease**

- A. Case control measures:
  - 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
  - 2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 or R9-6-203 of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
    - ~~a-b.~~ Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and
    - ~~b-c.~~ For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact’s exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

**~~R9-6-334~~, R9-6-340. Hansen’s Disease (Leprosy)**

- A. Case control measures: A local health agency shall:
  - 1. Conduct an epidemiologic investigation of each reported Hansen’s disease case or suspect case; and
  - 2. For each Hansen’s disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Contact control measures: In consultation with the Department, a local health agency shall examine contacts of a Hansen’s disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

**~~R9-6-335~~, R9-6-341. Hantavirus Infection**

- Case control measures: A local health agency shall:
  - 1. Upon receiving a report under R9-6-202 of a hantavirus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - ~~1-2.~~ Provide or arrange for ~~Ensure that~~ a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case ~~to receive~~ receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
  - ~~2-3.~~ Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
  - ~~3-4.~~ For each hantavirus infection case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: A local health agency shall conduct an environmental assessment for each hantavirus infection case or suspect case.

**~~R9-6-336~~, R9-6-342. Hemolytic Uremic Syndrome**

- A. Case control measures: A local health agency shall:
  - ~~1. Exclude a hemolytic uremic syndrome case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
    - ~~a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
    - ~~b. Diarrhea has resolved;~~
  - 1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - 2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
  - 3. For each hemolytic uremic syndrome case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).



- B. Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

**~~R9-6-343.~~ Expired**

**~~R9-6-337.~~~~R9-6-343.~~ Hepatitis A**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 or R9-6-203 of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - ~~1-2.~~ Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
  - ~~2-3.~~ Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
  - ~~3-4.~~ For each hepatitis A case, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall:
1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
  2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
  3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

**~~R9-6-338.~~~~R9-6-344.~~ Hepatitis B and Hepatitis D**

- A. Case control measures:
1. A local health agency shall:
    - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;
    - b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
    - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).
  2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B. Contact control measures: A local health agency shall:
1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
  2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

**~~R9-6-339.~~~~R9-6-345.~~ Hepatitis C**

~~Case control measures:~~

- ~~1. A local health agency shall:
 
  - a. Conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case; and
  - b. For each acute hepatitis C case, submit to the Department, as specified in ~~Article 2~~, Table 4, the information required under ~~R9-6-206(D)~~.~~
- ~~2. The Department shall provide health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.~~

~~Outbreak control measures: A local health agency shall:~~

- ~~1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;~~
- ~~2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);~~
- ~~3. Evaluate a health care provider identified as the source of hepatitis C virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated; and~~
- ~~4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.~~

**~~R9-6-340.~~~~R9-6-346.~~ Hepatitis E**

~~Case control measures: A local health agency shall:~~

- ~~1. Exclude a hepatitis E case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;~~
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
- ~~2-3.~~ For each hepatitis E case, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).

**~~R9-6-341.~~~~R9-6-347.~~ Human Immunodeficiency Virus (HIV) Infection and Related Disease**

~~A. Case control measures:~~

- ~~1. A local health agency shall:~~



- a. Conduct an epidemiologic investigation, including a review of medical records, of each reported HIV-infected individual or suspect case; and
  - b. For each HIV-infected individual, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.
- B.** Contact control measures: The Department or the Department’s designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(J) as specified in R9-6-1006(A).
- C.** Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

~~R9-6-342~~**R9-6-348. Influenza-Associated Mortality in a Child**

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Confirm that influenza was the cause of death for Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
- ~~2-3.~~ For each case of influenza-associated mortality in a child, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under ~~R9-6-206(C)~~ R9-6-206(D).

~~R9-6-344~~**R9-6-349. Legionellosis (Legionnaires’ Disease)**

**A.** Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and
- ~~2-3.~~ For each legionellosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**B.** Environmental control measures: The owner of a water, cooling, or ventilation system or equipment that is determined by the Department or a local health agency to ~~have caused~~ be associated with a case of *Legionella* infection shall ~~disinfect the system before resuming its use~~ comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

~~R9-6-345~~**R9-6-350. Leptospirosis**

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a leptospirosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
- ~~2-3.~~ For each leptospirosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-346~~**R9-6-351. Listeriosis**

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a listeriosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
- ~~2-3.~~ For each listeriosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- ~~3-4.~~ Ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

~~R9-6-347~~**R9-6-352. Lyme Disease**

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported Lyme disease case or suspect case; and
- 2. For each Lyme disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-348~~**R9-6-353. Lymphocytic Choriomeningitis**

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
- ~~2-3.~~ For each lymphocytic choriomeningitis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-349~~**R9-6-354. Malaria**

**A.** Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
- 2. For each malaria case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).



- B. Environmental control measures:** In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

**~~R9-6-350, R9-6-355.~~ Measles (Rubeola)**

- A. Case control measures:**
1. An administrator of a school or child care establishment, either personally or through a representative, shall:
    - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and
    - b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until ~~evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner~~ the local health agency has determined that the suspect case is unlikely to infect other individuals.
  2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.
  3. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
    - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
    - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
  - ~~3-4.~~ A local health agency shall:
    - a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
    - c. For each measles case, submit to the Department, as specified in ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D); and
    - d. Ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
  5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the measles control measures recommended by a local health agency or the Department.
- B. Contact control measures:**
1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
    - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
    - b. Comply with the local health agency's recommendations for exclusion.
  2. A local health agency shall:
    - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
    - b. ~~provide~~ Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
  3. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
    - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
    - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
    - c. Documentary evidence of birth before January 1, 1957.

**~~R9-6-351, R9-6-356.~~ Melioidosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
- ~~2-3.~~ For each melioidosis case, submit to the Department, as specified in ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D); and
- ~~3-4.~~ Ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

**~~R9-6-352, R9-6-357.~~ Meningococcal Invasive Disease**

- A. Case control measures:**
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
  2. A local health agency shall:



- a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
  - c. For each meningococcal invasive disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.
- B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact’s exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

**R9-6-358. Methicillin-resistant Staphylococcus aureus (MRSA)**

**A. Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution transferring a known methicillin-resistant Staphylococcus aureus case with active infection to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known methicillin-resistant Staphylococcus aureus case.
- 2. If a known methicillin-resistant Staphylococcus aureus case with active infection is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known methicillin-resistant Staphylococcus aureus case.

**B. Outbreak control measures:**

- 1. A local health agency, in consultation with the Department, shall:
  - a. Conduct an epidemiologic investigation of each reported outbreak of methicillin-resistant Staphylococcus aureus in a health care institution or correctional facility; and
  - b. For each outbreak of methicillin-resistant Staphylococcus aureus in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
- 2. When an outbreak of methicillin-resistant Staphylococcus aureus occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency or the Department.

**~~R9-6-353.~~R9-6-359. Mumps**

**A. Case control measures:**

- 1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and
  - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, ~~or~~ registered nurse practitioner, or local health agency.
- 2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.
- 3. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
  - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and
  - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
- ~~3-4.~~ A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within ~~24 hours~~ one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
  - c. For each mumps case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- 5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

- 1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency’s recommendations for exclusion.
- 2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:
  - a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or



- b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.
3. A local health agency shall determine which mumps contacts will be:
  - a. ~~Excluded from a school or child care establishment~~ Quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Advised to obtain an immunization against mumps.

**~~R9-6-354, R9-6-360.~~ Norovirus**

- A. Outbreak control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported norovirus outbreak; ~~and~~
  2. Submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E); and
  3. ~~Exclude each case that is part of a norovirus outbreak from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
    - a. Diarrhea has resolved, or
    - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each ~~water, sewage, or food preparation~~ facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

**~~R9-6-361.~~ Novel Coronavirus (e.g., SARS or MERS)**

- A. Case control measures:
  1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, including a case or suspect case of severe acute respiratory syndrome or Middle East respiratory syndrome, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
  2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 of a novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a novel coronavirus case or suspect case to prevent transmission;
    - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case; and
    - d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

**~~R9-6-355, R9-6-362.~~ Pediculosis (Lice Infestation)**

- A. Case control measures:
  1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.
  2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.
- B. Contact control measures: An administrator of a school or child care establishment that excludes a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

**~~R9-6-363.~~ Expired**

**~~R9-6-356, R9-6-363.~~ Pertussis (Whooping Cough)**

- A. Case control measures:
  1. An administrator of a school or child care establishment, either personally or through a representative, shall:
    - a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
    - b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, ~~or~~ registered nurse practitioner, or local health agency.
  2. An administrator of a health care institution, either personally or through a representative, shall:
    - a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
    - b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, ~~or~~ registered nurse practitioner, or local health agency.
  3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
  4. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
    - ~~a-b.~~ Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and



b-c. For each pertussis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall identify contacts of a pertussis case and, ~~if indicated~~, shall:
  - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

**~~R9-6-364. Rocky Mountain Spotted Fever~~**

~~Case control measures: A local health agency shall:~~

- ~~1. Conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case; and~~
- ~~2. For each Rocky Mountain spotted fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).~~

**~~R9-6-357, R9-6-364. Plague~~**

**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. An individual handling the body of a deceased plague case shall use droplet precautions.
3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported plague case or suspect case;
  - c. For each plague case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.

**B. Contact control measures:** A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

**~~R9-6-358, R9-6-365. Poliomyelitis (Paralytic or Non-paralytic)~~**

~~Case control measures: A local health agency shall:~~

- ~~1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;~~
- ~~2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;~~
- ~~3. For each poliomyelitis case, submit to the Department, as specified in Article 2, Table 4 2.4, the information required under R9-6-206(D); and~~
- ~~4. Ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.~~

**~~R9-6-359, R9-6-366. Psittacosis (Ornithosis)~~**

**A. Case control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation of each reported psittacosis case or suspect case; and
2. For each psittacosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**B. Environmental control measures: A local health agency shall:**

1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
  - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
  - b. Advise the bird's owner to obtain treatment for the bird; and
2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
  - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis,
  - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
  - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

**~~R9-6-360, R9-6-367. Q Fever~~**

~~Case control measures: A local health agency shall:~~

- ~~1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
- ~~2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and~~



3. For each Q fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-361~~**R9-6-368. Rabies in a Human**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case; ~~and~~
  3. For each human rabies case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); ~~and~~
  4. Ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.
- B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

~~R9-6-369. Severe Acute Respiratory Syndrome~~

- ~~A. Case control measures: A local health agency shall:~~
- ~~1. Upon receiving a report under R9-6-202 of a severe acute respiratory syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;~~
  - ~~2. In consultation with the Department, ensure the isolation of and the institution of both airborne precautions and contact precautions for a severe acute respiratory syndrome case or suspect case to prevent transmission;~~
  - ~~3. Conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case; and~~
  - ~~4. For each severe acute respiratory syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).~~
- ~~B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a severe acute respiratory syndrome contact as necessary to prevent transmission.~~

~~R9-6-362~~**R9-6-369. Relapsing Fever (Borreliosis)**

- Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - ~~1-2.~~ Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
  - ~~2-3.~~ For each borreliosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**R9-6-370. Respiratory Disease in a Health Care Institution or Correctional Facility**

Outbreak control measures:

1. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
  - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.

~~R9-6-365~~**R9-6-371. Rubella (German Measles)**

- A. Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall:
    - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and
    - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, ~~or~~ registered nurse practitioner, or local health agency.
  2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
  3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
    - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
    - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
  - ~~3-4.~~ A local health agency shall:
    - a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within ~~24 hours~~ one working day after receiving the report and provide to the Department the information contained in the report;
    - b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
    - c. For each rubella case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and



d. Ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:

- a. A record of immunization against rubella given on or after the first birthday; or
- b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.

2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:

- a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
- b. Comply with the local health agency's recommendations for exclusion.

3. A local health agency shall:

- a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
- b. ~~provide~~ Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

~~R9-6-366~~**R9-6-372. Rubella Syndrome, Congenital**

**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:

- a. The infant congenital rubella syndrome case reaches one year of age; or
- b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.

2. A local health agency shall:

- a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
- c. For each congenital rubella syndrome case, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- d. Ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

**B. Contact control measures:** An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with ~~R9-6-365(B)(1)~~ R9-6-371(B)(1).

~~R9-6-367~~**R9-6-373. Salmonellosis**

**A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a salmonellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

~~1-2.~~ Exclude a salmonellosis case or suspect case with diarrhea from:

- a. ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
  - i. Diarrhea has resolved;
  - ii. ~~Two successive cultures~~ A stool specimen negative for Salmonella spp. are is obtained from the salmonellosis case or suspect case stool specimens collected at least 24 hours apart, or
  - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. ~~Diarrhea has resolved;~~ Using an aquatic venue until diarrhea has resolved;

~~2-3.~~ Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and

~~3-4.~~ For each salmonellosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**B. Contact control measures:** ~~A local health agency shall exclude a salmonellosis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:~~

- ~~1. Two successive cultures negative for Salmonella spp. are obtained from stool specimens collected at least 24 hours apart, or~~
- ~~2. Diarrhea has resolved.~~

~~C.~~**B. Environmental control measures:** A local health agency shall:

- 1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
- 2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:



- a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp., and
- b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

**~~R9-6-368~~, R9-6-374. Scabies**

- A. Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a scabies case from the school or child care establishment until treatment for scabies is completed.
  2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
  3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.
  4. An administrator of a correctional facility, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.
- B. Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.
- C. Outbreak control measures: A local health agency shall:
- ~~1. Conduct an epidemiologic investigation of each reported scabies outbreak;~~
  - ~~2.1~~ Provide health education regarding prevention, control, and treatment of scabies to individuals affected by ~~the~~ a scabies outbreak;
  - ~~3.2~~ When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; and
  - ~~4.3~~ For each scabies outbreak, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-202(E)~~ R9-6-202(D).

**~~R9-6-370~~, R9-6-375. Shigellosis**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 or R9-6-203 of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - ~~1.2~~ Exclude a shigellosis case or suspect case with diarrhea from:
    - a. ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until ~~either of the following occurs:~~
      - i. Diarrhea has resolved;
      - ~~a-ii. Two successive cultures~~ A stool specimen negative for *Shigella* spp. are-is obtained from the shigellosis case or suspect case stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
      - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
    - b. ~~Treatment is maintained for 24 hours and diarrhea has resolved;~~
    - b. Using an aquatic venue for one week after diarrhea has resolved;
  - ~~2.3~~ Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
  - ~~3.4~~ For each shigellosis case, submit to the Department, as specified in ~~Article 2, Table 4~~ 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea of unknown cause from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
1. ~~Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart, or~~
  2. ~~Treatment has been maintained for 24 hours and diarrhea has resolved.~~

**~~R9-6-374~~, R9-6-376. Smallpox**

- A. Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
  2. A local health agency shall:
    - ~~1-a~~ Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - ~~2-b~~ In consultation with the Department:
      - ~~a-i~~ Ensure ~~the~~ that isolation ~~of and the institution of~~ both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission; ~~and~~
      - ~~b-ii~~ Conduct an epidemiologic investigation of each reported smallpox case or suspect case; ~~and~~
    - ~~3-c~~ For each smallpox case, submit to the Department, as specified in ~~Article 2, Table 4~~ 2.4, the information required under R9-6-206(D); ~~and~~
    - d. Ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.
- B. Contact control measures: A local health agency, in consultation with the Department, shall:
1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and



- 2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

**R9-6-377. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)**

**A. Case control measures: A local health agency shall:**

- 1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with spotted fever rickettsiosis;
- 3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
- 4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.**

**R9-6-372-R9-6-378. Streptococcal Group A Infection**

**A. Non-invasive streptococcal Streptococcal group A infection, invasive or non-invasive:**

Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal group A infection.

**B. Invasive streptococcal group A infection:**

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;
- 2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D); and
- 3. For each outbreak of streptococcal group A invasive infection, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E).

**R9-6-373-R9-6-379. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age**

Case control measures: A local health agency shall:

- 1. Confirm the diagnosis of streptococcal group B invasive infection for each reported case or suspect case of streptococcal group B invasive infection in an infant younger than 90 days of age; and
- 2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(C)~~ R9-6-202(C).

**R9-6-374-R9-6-380. Streptococcus pneumoniae Invasive Infection**

Case control measures: A local health agency shall:

- 1. ~~If a reported Streptococcus pneumoniae infection case or suspect case is five or more years of age:~~
  - a. ~~Confirm the diagnosis of Streptococcus pneumoniae infection for each reported Streptococcus pneumoniae infection case or suspect case who is five or more years of age; and~~
  - b. ~~For each Streptococcus pneumoniae infection case who is five or more years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C); and~~
- 2. ~~If a reported Streptococcus pneumoniae infection case or suspect case is under five years of age:~~
  - a. ~~Conduct an epidemiologic investigation for each reported Streptococcus pneumoniae infection case or suspect case who is under five years of age; and~~
  - b. ~~For each Streptococcus pneumoniae infection case who is under five years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).~~

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of Streptococcus pneumoniae invasive infection; and
- 2. For each outbreak of Streptococcus pneumoniae invasive infection, submit to the Department the information required under R9-6-206(E).

**R9-6-375-R9-6-381. Syphilis**

**A. Case control measures:**

- 1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
- 2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
- 2.3. A local health agency shall:
  - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
  - b. For each syphilis case, submit to the Department, as specified in ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D);
  - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1) and (A)(2); and



- d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
- ~~3-4.~~ The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B. Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.
- C. Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported syphilis outbreak; and
  2. For each syphilis outbreak, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E).

~~R9-6-376, R9-6-382.~~ **Taeniasis**

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in ~~Article 2,~~ Table 4 ~~2.4,~~ the information required under R9-6-206(D).

~~R9-6-377, R9-6-383.~~ **Tetanus**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported tetanus case or suspect case; and
2. For each tetanus case, submit to the Department, as specified in ~~Article 2,~~ Table 4 ~~2.4,~~ the information required under R9-6-206(D).

~~R9-6-384.~~ **Expired**

~~R9-6-378, R9-6-384.~~ **Toxic Shock Syndrome**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case; and
2. For each toxic shock syndrome case, submit to the Department, as specified in ~~Article 2,~~ Table 4 ~~2.4,~~ the information required under R9-6-206(D).

~~R9-6-379, R9-6-385.~~ **Trichinosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
- ~~2-3.~~ For each trichinosis case, submit to the Department, as specified in ~~Article 2,~~ Table 4 ~~2.4,~~ the information required under R9-6-206(D).

~~R9-6-380, R9-6-386.~~ **Tuberculosis**

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for: ~~an individual with infectious active tuberculosis or a suspect case until:~~
  - a. An individual with infectious active tuberculosis until:
    - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
    - ~~b-ii.~~ Anti-tuberculosis treatment is initiated with multiple antibiotics; and
    - ~~e-iii.~~ Clinical signs and symptoms of active tuberculosis are improved;
  - b. A suspect case of infectious active tuberculosis until:
    - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
    - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
  - ~~d-c.~~ For a A case or suspect case of multi-drug resistant active tuberculosis, until a tuberculosis control officer has approved the release of the case or suspect case.
2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - ~~a-b.~~ Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions according to the applicable criteria in subsection (A)(1);
    - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
    - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics;



- iii. Clinical signs and symptoms of active tuberculosis are improved; and
- iv. For a case of multi-drug-resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions;
- b-c. Conduct an epidemiologic investigation of each reported tuberculosis case, ~~or suspect case,~~ or latent infection in a child five years of age or younger;
- e-d. For each tuberculosis case or suspect case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D);
- ~~d-e.~~ Ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
- e-f. Comply with the requirements specified in R9-6-1202.

**B. Contact control measures:**

- 1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
- 2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

**C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.**

**~~R9-6-387.~~ Vancomycin-Resistant *Staphylococcus epidermidis***

**Case control measures:**

- 1. ~~A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.~~
- 2. ~~A local health agency shall:~~
  - a. ~~Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
  - b. ~~Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*;~~
  - e. ~~For each case of vancomycin-resistant *Staphylococcus epidermidis*, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and~~
  - d. ~~Ensure that an isolate from each case of vancomycin-resistant *Staphylococcus epidermidis* is submitted to the Arizona State Laboratory.~~

**~~R9-6-381.~~R9-6-387. Tularemia**

**Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
  - c. For each tularemia case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

**~~R9-6-382.~~R9-6-388. Typhoid Fever**

**A. Case control measures: A local health agency shall:**

- 1. Upon receiving a report under R9-6-202 of a typhoid fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~2-3.~~ Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
- ~~2-3.~~ For each typhoid fever case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D);
- ~~3-4.~~ Exclude a typhoid fever case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. At least one month after the date of onset of illness; ~~and~~
  - b. After three two successive cultures stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy;
- ~~4-5.~~ If a culture stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection ~~(A)(3)~~ (A)(4) until three two successive cultures stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness;
- ~~5-6.~~ If a positive culture is obtained on a stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and



- ~~6-7.~~ Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive ~~cultures stool specimens, collected from the typhoid fever carrier at least one month apart, are~~ cultures stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi* ~~have been obtained from stool specimens collected at least one month apart, at least one by purging.~~
- B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive ~~cultures stool specimens, collected from the typhoid fever contact at least 24 hours apart, are~~ cultures stool specimens, collected from the typhoid fever contact at least 24 hours apart, are negative for *Salmonella typhi* ~~are obtained from stool specimens collected at least 24 hours apart.~~

~~R9-6-383~~R9-6-389. **Typhus Fever**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a typhus fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
- ~~2-3.~~ For each typhus fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-385~~R9-6-390. **Vaccinia-related Adverse Event**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
- ~~2-3.~~ For each case of a vaccinia-related adverse event, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

~~R9-6-386~~R9-6-391. **Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus***

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
- ~~2-3.~~ A local health agency, in consultation with the Department, shall:
  - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within ~~24 hours~~ one working day after receiving the report and provide to the Department the information contained in the report;
  - b. ~~Isolate~~ Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* ~~is isolated~~ as necessary to prevent transmission;
  - c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*;
  - d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - e. Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

~~R9-6-388~~R9-6-392. **Varicella (Chickenpox)**

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
2. An administrator of a health care institution, either personally or through a representative, shall isolate and implement airborne precautions for a varicella case until the case is no longer infectious.
3. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported case of death due to primary varicella infection; and
  - b. For each reported case of death due to varicella infection, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

B. Contact control measures:

1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall determine which contacts of a varicella case will be:
  - a. Excluded from a school or child care establishment, and
  - b. Advised to obtain an immunization against varicella.



**~~R9-6-389~~R9-6-393. *Vibrio Infection***

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Exclude a *Vibrio* infection case or suspect case with diarrhea from:
  - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
    - a. ~~Two successive cultures negative for *Vibrio* spp. are obtained from stool specimens collected at least 24 hours apart, or~~
    - ~~b.i.~~ Diarrhea has resolved; or
    - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
- ~~2-3.~~ Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
- ~~3-4.~~ For each *Vibrio* infection case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

**~~R9-6-394~~. Expired**

**~~R9-6-390~~R9-6-394. *Viral Hemorrhagic Fever***

A. Case control measures:

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
  - c. For each viral hemorrhagic fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

**~~R9-6-391~~R9-6-395. *West Nile Virus-related Syndromes Virus Infection***

A. Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported West Nile ~~virus-related syndrome~~ virus infection case or suspect case; ~~and~~
- 2. For each case of West Nile ~~virus-related syndrome~~ virus infection, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); ~~and~~
- 3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each West Nile virus infection case or suspect case and implement vector control measures as necessary.

**~~R9-6-392~~R9-6-396. *Yellow Fever***

A. Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within ~~one working day~~ 24 hours after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case; ~~and~~
- 3. For each yellow fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D);
- 4. Ensure that each yellow fever case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites; and
- 5. Ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

**~~R9-6-393~~R9-6-397. *Yersiniosis (Enteropathogenic *Yersinia*)***

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1-2.~~ Exclude a yersiniosis case or suspect case with diarrhea from:



- a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
  - i. ~~Diarrhea has resolved.~~
  - ~~a-ii. Two successive cultures A stool specimen~~ A stool specimen negative for enteropathogenic *Yersinia* ~~are is~~ obtained from ~~stool specimens~~ collected the case or suspect case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. ~~Diarrhea has resolved;~~
- b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. ~~Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
4. For each yersiniosis case, submit to the Department, as specified in ~~Article 2;~~ Table 4 2.4, the information required under R9-6-206(D); and
5. Ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

#### **R9-6-398. Zika Virus Infection**

##### **A. Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 of a Zika virus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Zika virus infection case or suspect case;
3. For each Zika virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
4. Ensure that one or more specimens from each Zika virus infection case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
5. Provide to the Zika virus infection case or ensure that another person provides to the Zika virus infection case health education that includes measures to:
  - a. Avoid mosquito bites.
  - b. Reduce mosquito breeding sites, and
  - c. Reduce the risk of sexual or congenital transmission of Zika virus.

##### **B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each Zika virus infection case or suspect case and implement vector control measures as necessary.**

### **ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION**

#### **R9-6-1002. Local Health Agency Requirements**

For each HIV-infected individual or suspect case, a local health agency shall comply with the requirements in ~~R9-6-341~~ R9-6-347.

### **ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION**

#### **R9-6-1102. Health Care Provider Requirements**

When a laboratory report for a test ordered by a health care provider for a subject indicates that the subject is infected with an STD, the ordering health care provider or the ordering health care provider's designee shall:

1. Describe the test results to the subject;
2. Provide or arrange for the subject to receive the following information about the STD for which the subject was tested:
  - a. A description of the disease or syndrome caused by the STD, including its symptoms;
  - b. Treatment options for the STD and where treatment may be obtained;
  - c. A description of how the STD is transmitted to others;
  - d. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated;
  - e. That it is necessary for the subject to notify individuals who may have been infected by the subject that the individuals need to be tested for the STD;
  - f. The availability of assistance from local health agencies or other resources; and
  - g. The confidential nature of the subject's test results;
3. Report the information required in R9-6-202 to a local health agency; and
4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement ~~in R9-6-375~~ that the subject obtain serologic testing for syphilis ~~three months, six months, and one year after initiating treatment for syphilis~~ according to R9-6-381.

#### **R9-6-1103. Local Health Agency Requirements**

##### **A. For each STD case, a local health agency shall:**

1. Comply with the requirements in:
  - a. ~~R9-6-313(A)(1) and (2)~~ R9-6-317(A)(1) and (2) for each chancroid case reported to the local health agency, and
  - b. ~~R9-6-375(A)(2)(a) through (e)~~ R9-6-381(A)(3)(a) through (c) for each syphilis case reported to the local health agency;
2. Offer or arrange for treatment for each STD case that seeks treatment from the local health agency for symptoms of:
  - a. Chancroid,
  - b. Chlamydia infection,
  - c. Gonorrhea, or
  - d. Syphilis;
3. Provide information about the following to each STD case that seeks treatment from the local health agency:



- a. A description of the disease or syndrome caused by the applicable STD, including its symptoms;
  - b. Treatment options for the applicable STD;
  - c. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated; and
  - d. The confidential nature of the STD case’s test results; and
4. Inform the STD case that:
- a. A chlamydia or gonorrhea case must notify each individual, with whom the chlamydia or gonorrhea case has had sexual contact within 60 days preceding the onset of chlamydia or gonorrhea symptoms up to the date the chlamydia or gonorrhea case began treatment for chlamydia or gonorrhea infection, of the need for the individual to be tested for chlamydia or gonorrhea; and
  - b. The Department or local health agency will notify, as specified in subsection (B), each contact named by a chancroid or syphilis case.
- B.** For each contact named by a chancroid or syphilis case, the Department or a local health agency shall:
- 1. Notify the contact named by a chancroid or syphilis case of the contact’s exposure to chancroid or syphilis and of the need for the contact to be tested for:
    - a. Chancroid, if the chancroid case has had sexual contact with the contact within 10 days preceding the onset of chancroid symptoms up to the date the chancroid case began treatment for chancroid infection; or
    - b. Syphilis, if the syphilis case has had sexual contact with the contact within:
      - i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;
      - ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
      - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
  - 2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
  - 3. Provide information to each contact named by a chancroid or syphilis case about:
    - a. The characteristics of the applicable STD,
    - b. The syndrome caused by the applicable STD,
    - c. Measures to reduce the likelihood of transmitting the applicable STD, and
    - d. The confidential nature of the contact’s test results.
- C.** For each contact of a chlamydia or gonorrhea case who seeks treatment from a local health agency for symptoms of chlamydia or gonorrhea, the local health agency shall:
- 1. Offer or arrange for treatment for chlamydia or gonorrhea;
  - 2. Provide information to each contact of a chlamydia or gonorrhea case about:
    - a. The characteristics of the applicable STD,
    - b. The syndrome caused by the applicable STD,
    - c. Measures to reduce the likelihood of transmitting the applicable STD, and
    - d. The confidential nature of the contact’s test results.

**ARTICLE 12. TUBERCULOSIS CONTROL**

**R9-6-1202. Local Health Agency Reporting Requirements**

- A.** Within 30 days after receiving information, a local health agency shall report to the Department regarding:
  - 1. Each individual in its jurisdiction who has been diagnosed with active tuberculosis,
  - 2. Each individual in its jurisdiction who is suspected of having active tuberculosis, and
  - 3. Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.
- B.** Each report made under subsection (A) shall consist of completed Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, “Report of Verified Case of Tuberculosis” (January 2003), which is incorporated by reference in ~~R9-6-373~~, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.



**NOTICES OF EXPIRATION OF RULES  
UNDER A.R.S. § 41-1056(J)**

This section of the *Arizona Administrative Register* contains Notices of Expiration of Rules. Under A.R.S. § 41-1056(J), if an agency does not file a five-year rule review report with the Governor’s Regulatory Review Council (including a revised report); or if an agency does not file an extension before the due date of the report; or if an agency files an extension but does not submit a report

within the extension period; the rules scheduled for review expire.

The Council is required to notify the Secretary of State that the rules have expired and are no longer enforceable. The notice is published in the *Register*, and the rules are removed from the *Code*.

**GOVERNOR’S REGULATORY REVIEW COUNCIL  
NOTICE OF EXPIRATION OF RULES UNDER A.R.S. § 41-1056(J)**

**DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION**

[R17-92]

- 1. **Agency name:** Department of Environmental Quality
- 2. **Title and its heading:** 18, Environmental Quality
- 3. **Chapter and its heading:** 1, Department of Environmental Quality - Administration
- 4. **Articles and their headings:** 2, Administrative Appeals
- 5. **As required by A.R.S. § 41-1056(J), the Council provides notice that the following rules expired as of April 28, 2017:**
  - R18-1-201. Applicability
  - R18-1-202. Notice of Appeal
  - R18-1-203. Contested Case Procedures
  - R18-1-204. Record of Administrative Appeal
  - R18-1-206. Adjudicative Proceedings Before the Department
  - R18-1-207. Requests for Rehearing or Review
- 6. **Signature is of Nicole A. Ong** **Date of Signing**  
/s/ May 2, 2017  
Nicole O. Colyer  
Chairwoman



NOTICES OF RULEMAKING DOCKET OPENING

This section of the Arizona Administrative Register contains Notices of Rulemaking Docket Opening.

A docket opening is the first part of the administrative rulemaking process. It is an "announcement" that the agency intends to work on its rules.

When an agency opens a rulemaking docket to consider rulemaking, the Administrative Procedure Act (APA) requires the publication of the Notice of Rulemaking Docket Opening.

Under the APA effective January 1, 1995, agencies must submit a Notice of Rulemaking Docket Opening before beginning the formal rulemaking process. Many times an agency may file the Notice of Rulemaking Docket Opening with the Notice of Proposed Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these notices. Questions about the interpretation of this information should be directed to the agency contact person listed in item #4 of this notice.

NOTICE OF RULEMAKING DOCKET OPENING
BOARD OF COSMETOLOGY

[R17-93]

- 1. Title and its heading: 4, Professions and Occupations
Chapter and its heading: 10, Board of Cosmetology
Article and its heading: 1, General Provisions; 2, Schools; 3, Students; 4, Salons
Section numbers: R4-10-101, R4-10-104, R4-10-105, R4-10-107, R4-10-108, R4-10-110, R4-10-203, R4-10-204, R4-10-206.1, R4-10-208, R4-10-302, R4-10-304.1, R4-10-306, R4-10-403, and R4-10-404
2. The subject matter of the proposed rule: Under Laws 2017, Chapter 12, the legislature added hairstylist as an occupation regulated by the Board...
3. A citation to all published notices relating to the proceeding: None
4. Name and address of agency personnel with whom persons may communicate regarding the rule: Donna Aune, Board of Cosmetology, 1721 E. Broadway Rd., Tempe, AZ 85282-1611
5. The time during which the agency will accept written comments and the time and place where oral comments may be made: The Board will accept comments during business hours at the address listed in item 4.
6. A timetable for agency decisions or other action on the proceeding, if known: To be determined




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## NOTICES OF SUBSTANTIVE POLICY STATEMENT

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The Administrative Procedure Act (APA) requires the publication of Notices of Substantive Policy Statement issued by agencies (A.R.S. § 41-1013(B)(14)).

Substantive policy statements are written expressions which inform the general public of an agency's current approach to rule or regulation practice.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal

procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

If you believe that a substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

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### NOTICE OF SUBSTANTIVE POLICY STATEMENT DEPARTMENT OF ENVIRONMENTAL QUALITY

[M17-99]

1. **Title of the Substantive Policy Statement and the substantive policy statement number by which the substantive policy statement is referenced:**  
Document Title: Medical Sharps Clarification  
Document Number: 4005.2017
2. **Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**  
Issued: April 26, 2017  
Effective: May 2, 2017
3. **Summary of the contents of the substantive policy statement:**  
This substantive policy statement informs the general public of ADEQ's current interpretation of requirements for syringes without needles as biohazardous medical waste and medical sharps.
4. **Federal or state constitutional provision; federal or state statute, administrative rule, or regulation; or final court judgment that underlies the substantive policy statement:**  
A.R.S. § 49-104(A)(1) and (12); A.R.S. § 49-761(D); and A.A.C. R18-13-1401(15)
5. **A statement as to whether the substantive policy statement is a new statement or a revision:**  
This is a new substantive policy statement.
6. **The agency contact person who can answer questions about the substantive policy statement:**  
Name: Sherri Zendri, Administrative Counsel  
Address: Department of Environmental Quality  
1110 W. Washington St.  
Phoenix, AZ 85007  
Telephone: (602) 771-2242  
Fax: (602) 771-8681  
E-mail: zendri.sherri@azdeq.gov  
Web site: www.azdeq.gov
7. **Information about where a person may obtain a copy of the substantive policy statement and the costs for obtaining the policy statement:**  
Copies of this policy are available at no cost on the Department's web site: www.azdeq.gov. Hard copies may be obtained by contacting the ADEQ Records Center, Monday through Friday, between 8:30 a.m. and 4:30 p.m., 1110 W. Washington St., Phoenix, AZ 85007, (602) 771-4712.



GOVERNOR EXECUTIVE ORDERS

The Administrative Procedure Act (APA) requires the full-text publication of Governor Executive Orders.

With the exception of egregious errors, content (including spelling, grammar, and punctuation) of these orders has been reproduced as submitted.

In addition, the Register shall include each statement filed by the Governor in granting a commutation, pardon or reprieve, or stay or suspension of execution where a sentence of death is imposed.

EXECUTIVE ORDER 2017-02

Internal Review of Administrative Rules; Moratorium to Promote Job Creation and Customer-Service-Oriented Agencies

[M17-23]

Editor's Note: This Executive Order is being reproduced in each issue of the Administrative Register until its expiration on December 31, 2017, as a notice to the public regarding state agencies' rulemaking activities.

WHEREAS, burdensome regulations inhibit job growth and economic development;

WHEREAS, job creators and entrepreneurs are especially hurt by red tape and regulations;

WHEREAS, all government agencies of the State of Arizona should promote customer-service-oriented principles for the people that it serves;

WHEREAS, each State agency should undertake a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay, and legal uncertainty associated with government regulation;

WHEREAS, overly burdensome, antiquated, contradictory, redundant, and nonessential regulations should be repealed;

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor;

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

- 1. A State agency subject to this Order, shall not conduct any rulemaking except as permitted by this Order.
2. A State agency subject to this Order, shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justification for the rulemaking:
a. To fulfill an objective related to job creation, economic development, or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a court of the federal government against an agency for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminate rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. All directors of state agencies subject to this Order shall engage their respective regulated or stakeholder communities to solicit comment on which rules the regulated community believes to be overly burdensome and not necessary to protect consumers, public health, or public safety. Each agency shall submit a report regarding the aforementioned information to the Governor's Office no later than September 1, 2017.
4. For the purposes of this Order, the term "State agencies," includes without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official, (b) the Corporation Commission and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those State agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
5. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, "person," "rule," and "rulemaking" have the same meanings prescribed in Arizona Revised Statutes Section 41-1001.



6. This Executive Order expires on December 31, 2017.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this Eleventh day of January in the Year Two Thousand and Seventeen and of the Independence of the United States of America the Two Hundred and Forty-First.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

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**REGISTER INDEXES**

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The *Register* is published by volume in a calendar year (See “General Information” in the front of each issue for more information).

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Abbreviations for rulemaking activity in this Index include:

**PROPOSED RULEMAKING**

PN = Proposed new Section  
PM = Proposed amended Section  
PR = Proposed repealed Section  
P# = Proposed renumbered Section

**SUPPLEMENTAL PROPOSED RULEMAKING**

SPN = Supplemental proposed new Section  
SPM = Supplemental proposed amended Section  
SPR = Supplemental proposed repealed Section  
SP# = Supplemental proposed renumbered Section

**FINAL RULEMAKING**

FN = Final new Section  
FM = Final amended Section  
FR = Final repealed Section  
F# = Final renumbered Section

**SUMMARY RULEMAKING****PROPOSED SUMMARY**

PSMN = Proposed Summary new Section  
PSMM = Proposed Summary amended Section  
PSMR = Proposed Summary repealed Section  
PSM# = Proposed Summary renumbered Section

**FINAL SUMMARY**

FSMN = Final Summary new Section  
FSMM = Final Summary amended Section  
FSMR = Final Summary repealed Section  
FSM# = Final Summary renumbered Section

**EXPEDITED RULEMAKING****PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section  
PEM = Proposed Expedited amended Section  
PER = Proposed Expedited repealed Section  
PE# = Proposed Expedited renumbered Section

**SUPPLEMENTAL EXPEDITED**

SPEN = Supplemental Proposed Expedited new Section  
SPEM = Supplemental Proposed Expedited amended Section  
SPER = Supplemental Proposed Expedited repealed Section  
SPE# = Supplemental Proposed Expedited renumbered Section

**FINAL EXPEDITED**

FEN = Final Expedited new Section  
FEM = Final Expedited amended Section  
FER = Final Expedited repealed Section  
FE# = Final Expedited renumbered Section

**EXEMPT RULEMAKING****EXEMPT PROPOSED**

PXN = Proposed Exempt new Section  
PXM = Proposed Exempt amended Section  
PXR = Proposed Exempt repealed Section  
PX# = Proposed Exempt renumbered Section

**EXEMPT SUPPLEMENTAL PROPOSED**

SPXN = Supplemental Proposed Exempt new Section  
SPXR = Supplemental Proposed Exempt repealed Section  
SPXM = Supplemental Proposed Exempt amended Section  
SPX# = Supplemental Proposed Exempt renumbered Section

**FINAL EXEMPT RULEMAKING**

FXN = Final Exempt new Section  
FXM = Final Exempt amended Section  
FXR = Final Exempt repealed Section  
FX# = Final Exempt renumbered Section

**EMERGENCY RULEMAKING**

EN = Emergency new Section  
EM = Emergency amended Section  
ER = Emergency repealed Section  
E# = Emergency renumbered Section  
EEXP = Emergency expired

**RECODIFICATION OF RULES**

RC = Recodified

**REJECTION OF RULES**

RJ = Rejected by the Attorney General

**TERMINATION OF RULES**

TN = Terminated proposed new Sections  
TM = Terminated proposed amended Section  
TR = Terminated proposed repealed Section  
T# = Terminated proposed renumbered Section

**RULE EXPIRATIONS**

EXP = Rules have expired  
*See also “emergency expired” under emergency rulemaking*

**CORRECTIONS**

C = Corrections to Published Rules

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### RULEMAKING ACTIVITY INDEX

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			R15-10-306.	PM-108
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			R15-2C-207.	EXP-1044
			R15-2C-210.	EXP-1044
			R15-2C-304.	EXP-1044
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			R17-5-302.	PM-7
			R17-5-303.	PM-7
			R17-5-305.	PM-7
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RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

Table with 12 columns: January, February, March, April, May, June. Each month has sub-columns for Date Filed and Effective Date. Rows list dates from 1/1 to 1/31 and corresponding effective dates.



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3	12/4	2/2
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4	12/5	2/3
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5	12/6	2/4
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6	12/7	2/5
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8	12/9	2/7
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9	12/10	2/8
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13	12/14	2/12
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14	12/15	2/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21	12/22	2/20
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23	12/24	2/22
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1



**REGISTER PUBLISHING DEADLINES**

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

<b>Deadline Date (paper only) Friday, 5:00 p.m.</b>	<b>Register Publication Date</b>	<b>Oral Proceeding may be scheduled on or after</b>
March 3, 2017	March 24, 2017	April 24, 2017
March 10, 2017	March 31, 2017	May 1, 2017
March 17, 2017	April 7, 2017	May 8, 2017
March 24, 2017	April 14, 2017	May 15, 2017
March 31, 2017	April 21, 2017	May 22, 2017
April 7, 2017	April 28, 2017	May 30, 2017
April 14, 2017	May 5, 2017	June 5, 2017
April 21, 2017	May 12, 2017	June 12, 2017
April 28, 2017	May 19, 2017	June 19, 2017
May 5, 2017	May 26, 2017	June 26, 2017
May 12, 2017	June 2, 2017	July 3, 2017
May 19, 2017	June 9, 2017	July 10, 2017
May 26, 2017	June 16, 2017	July 17, 2017
June 2, 2017	June 23, 2017	July, 24, 2017
June 9, 2017	June 30, 2017	July 31, 2017
June 16, 2017	July 7, 2017	August 7, 2017
June 23, 2017	July 14, 2014	August 14, 2017
June 30, 2017	July 21, 2017	August 21, 2017
July 7, 2017	July 28, 2017	August 28 2017
July 14, 2014	August 4, 2017	September 5, 2017
July 21, 2017	August 11, 2017	September 11, 2017
July 28, 2017	August 18, 2017	September 18, 2017
August 4, 2017	August 25, 2017	September 25, 2017
August 11, 2017	September 1, 2017	October 2, 2017
August 18, 2017	September 8, 2017	October 10, 2017
August 25, 2017	September 15, 2017	October 16, 2017
September 1, 2017	September 22, 2017	October 23, 2017
September 8, 2017	September 29, 2017	October 30, 2017
September 15, 2017	October 6, 2017	November 6, 2017
September 22, 2017	October 13, 2017	November 13, 2017



### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and Register deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit [www.grrc.state.az.us](http://www.grrc.state.az.us).

### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2017

[M16-300]

DEADLINE FOR PLACEMENT ON AGENDA	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
Tuesday November 22, 2016	Tuesday December 20, 2016	Wednesday December 28, 2016	Wednesday January 4, 2017
Tuesday December 27, 2016	Tuesday January 24, 2017	Tuesday January 31, 2017	Tuesday February 7, 2017
Tuesday January 24, 2017	Tuesday February 21, 2017	Tuesday February 28, 2017	Tuesday March 7, 2017
Tuesday February 21, 2017	Tuesday March 21, 2017	Tuesday March 28, 2017	Tuesday April 4, 2017
Tuesday March 21, 2017	Tuesday April 18, 2017	Tuesday April 25, 2017	Tuesday May 2, 2017
Tuesday April 25, 2017	Tuesday May 23, 2017	Wednesday May 31, 2017	Tuesday June 6, 2017
Tuesday May 23, 2017	Tuesday June 20, 2017	Tuesday June 27, 2017	Thursday July 6, 2017
Tuesday June 20, 2017	Tuesday July 18, 2017	Tuesday July 25, 2017	Tuesday August 1, 2017
Tuesday July 25, 2017	Tuesday August 22, 2017	Tuesday August 29, 2017	Wednesday September 6, 2017
Tuesday August 22, 2017	Tuesday September 19, 2017	Tuesday September 26, 2017	Tuesday October 3, 2017
Tuesday September 26, 2017	Tuesday October 24, 2017	Tuesday October 31, 2017	Tuesday November 7, 2017
Tuesday October 24, 2017	Tuesday November 21, 2017	Tuesday November 28, 2017	Tuesday December 5, 2017
Tuesday November 21, 2017	Tuesday December 19, 2017	Wednesday December 27, 2017	Wednesday January 3, 2018

\*Materials must be submitted by 5 P.M. on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.